

DOCUMENT RESUME

ED 260 525

EC 180 289

AUTHOR Asch, Adrienne; And Others
TITLE Building Community: A Manual Exploring Issues of Women and Disability.
INSTITUTION Educational Equity Concepts, Inc., New York, NY.
SPONS AGENCY Ms. Foundation for Women, Inc., New York, N.Y.
REPORT NO ISBN-0-931-62901-2
PUB DATE 84
NOTE 66p.; A part of the Women and Disability Awareness Project.
AVAILABLE FROM Educational Equity Concepts, 440 Park Ave. S., New York, NY 10016 (\$8.50 plus \$1.50 postage and handling; 20% discount for 10 or more copies).
PUB TYPE Reports - Descriptive (141) -- Viewpoints (120)
EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Civil Rights; *Disabilities; *Females; Handicap Discrimination; Political Influences; *Sex Discrimination; Social Bias

ABSTRACT

Intended for feminist, educational, and disability rights groups, the manual examines the connection between discrimination based on gender and discrimination based on disability. Disability is addressed as a political, civil rights issue, a human relations issue, and as a personal experience. Background information on the disability rights movement and on the double discrimination faced by women with disabilities is considered. A format is presented for a 3-hour workshop to raise awareness about attitudes towards disability, parallel concerns of disabled and nondisabled women, the importance as role models of adults with disabilities, and disability as an equity issue. Workshop materials are provided, including biographical sketches of notable women with disabilities and discussions of action strategies for organizational change. Five readings on the topic are appended. (CL)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED260525

BUILDING COMMUNITY

A MANUAL EXPLORING ISSUES OF WOMEN AND DISABILITY

Developed by the
**WOMEN AND
DISABILITY
AWARENESS
PROJECT**

A Program of
EDUCATIONAL
EQUITY
CONCEPTS, INC.

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

✓ This document has been reproduced as
received from the person or organization
originating it.

Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official NIE
position or policy.

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS
MATERIAL IN MICROFICHE ONLY
HAS BEEN GRANTED BY

Merle
Fraser

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

THIS MANUAL WAS MADE POSSIBLE BY A GRANT FROM THE MS. FOUNDATION FOR WOMEN, INC.

BUILDING COMMUNITY

A MANUAL EXPLORING ISSUES OF WOMEN AND DISABILITY

This manual was developed and written by the members of the
Women and Disability Awareness Project:

Adrienne Asch
Michelle Fine
Merle Froschl
Elizabeth Phillips
Susan Quinby
Carol Ann Roberson
Harilyn Rousso
Sandy Weinbaum
Sharon Wigutoff
Deborah Yager

The Women and Disability Awareness Project
coordinated by Merle Froschl and Harilyn Rousso
is a program of

EDUCATIONAL EQUITY CONCEPTS INC.

This manual was made possible by a grant from the
Ms. Foundation for Women, Inc.

New York, 1984

Copyright © 1984 by Educational Equity Concepts, Inc.
All rights reserved under International and Pan-American
Copyright Conventions.

Published and Distributed by Educational Equity
Concepts, Inc., 440 Park Avenue South, New York, NY 10016.

Second Printing—May 1985

Printed in the United States of America

Library of Congress Cataloging in Publication Data

Main entry under title:

Building community.

“Developed by the members of the Women and Disability
Awareness Project.”

Bibliography: p.

1. Handicapped women—United States—Congresses.
2. Sex discrimination against women—United States—
Congresses. 3. Handicapped women—Civil rights—United
States—Congresses. 4. Women's rights—United States—
Congresses. I. Women and Disability Awareness Project.
HV1569.3.W65B85 1984 362.4'088042 84-28725
ISBN 0-931-62901-2

Graphic design by Arlys Warfield.

Typesetting by R.A. Graphics, New York, N.Y.

Printing by Cane Copy Center, New York, N.Y.

*This manual was made possible by a grant from
the Ms. Foundation for Women, Inc.,
370 Lexington Ave., New York, NY 10017.*

Acknowledgments

The members of the Women and Disability Awareness Project wish to acknowledge that this manual would not have been possible without the support of the Ms. Foundation for Women, Inc. We appreciate the foresight of the Foundation and its willingness to address emerging issues of importance to all women.

In particular, we want to thank Judy Sutphen, Field Director of the Ms. Foundation for Women, who attended Access to Equality: The First National Conference on Educational Equity for Disabled Women and Girls in June 1982, and followed through on her commitment to this new issue area. We also wish to acknowledge Letty Cottin Pogrebin's role in attending the same conference and bringing back a consciousness that contributed to the Ms. Foundation for Women's interest in funding programs about women and disability.

We want to thank every person who helped to pilot test and, therefore, shape the contents of this manual—the people throughout the country who helped to arrange, who participated in, and who helped to evaluate the pilot-testing sessions. Special thanks go to Katherine Corbett of the Disability Rights Education and Defense Fund, Inc. (DREDF); Barbara Ann Oswald of the Massachusetts Coalition of Citizens with Disabilities (MCCD); Katy Hoch of the New Haven Governor's Committee on Employment of the Handicapped; Nancy Garfield and Karen White of the Girl

Scouts of America; Anne Hubbard, teacher of the Human Relations Inservice Course at the New York City Board of Education; Walteen Grady and Hyun Sook Beidel of the New York City Board of Education; Brian McCartney of the Human Resources School (HRS); the Women's Caucus of AHSSPPE (The Association on Handicapped Student Service Programs in Post-Secondary Education); and the Office for Disabled Students at Barnard College.

In addition, we want to thank Nancy Gropper for her skills in research and evaluation; Lynne Luxton for preparing the testing packet in braille; Mary Allison for her editorial skills; Arlys Warfield for graphic design; and Joni Miller who typed several versions of the manuscript.

Special thanks also go to the staff of Educational Equity Concepts, Inc.—Linda Colón, Ellen Rubin, and Barbara Sprung—who helped in all phases of the project, shared their insights and skills, and definitely made this manual better for their participation.

Lastly, we wish to acknowledge the New York Council for the Humanities who, with their support of the Symposium on Issues of Women and Disability, helped to launch the dissemination of this manual. In particular, we wish to thank Victoria Ortiz, who helped to develop the concept of the Symposium and who supported and encouraged it throughout.

Table of Contents

Purpose	1
History of the Women and Disability Awareness Project	2
Introduction	5
The Disability Rights Movement	6
Double Discrimination for Women with Disabilities	7
Discrimination in Education	9
Making Connections	10
Workshop on Women with Disabilities	11
Objectives	12
Materials Needed	12
Facilities	12
Overview of Workshop	13
Introduction	13
Warm-up Activity: What do Sarah Bernhardt, Wilma Rudolph, and Harriet Tubman Have in Common?	13
Definition of Disability	14
Mini-lecture: Importance of Role Models of Women with Disabilities	14
Small Group C-R Discussions	16
Report Back and Summary	19
Variations in Format	20
Workshop Materials	21
Notable Women with Disabilities—Biographical Sketches	22
Consciousness-Raising Questions on Women and Disability	23
Action Strategies: Considering Women with Disabilities in Organizational Change	24
Resources	25
Annotated Bibliography	26
Members of the Women and Disability Awareness Project	31
Readings	33
O'Toole, J. Corbett. "Disabled Women: The Case of the Missing Role Model," <i>Independent</i> , Issue 2, 1979.	
Carrillo, Ann Cupolo, Corbett, Katherine, and Lewis, Victoria. "Lois Dadzie," in <i>No More Stares</i> . Berkeley: Disability Rights Education and Defense Fund, Inc., 1982.	
Campling, Jo. Excerpts from <i>Images of Ourselves: Women with Disabilities Talking</i> . Boston: Routledge & Kegan Paul Ltd., 1981.	
Fine, Michelle, and Asch, Adrienne. "Disabled Women: Sexism Without the Pedestal," <i>Journal of Sociology and Social Welfare</i> , Vol. 8, No. 2, July 1981.	
Fine, Michelle, and Asch, Adrienne. "The Question of Disability: No Easy Answers for the Women's Movement," <i>Reproductive Rights Newsletter</i> , The Newsletter of the Reproductive Rights National Network, Vol. 4, No. 3, Fall 1982.	

Purpose

Building Community: A Manual Exploring Issues of Women and Disability examines the connection between discrimination based on gender and discrimination based on disability. The manual contains background information on disability rights and on women and girls with disabilities; workshop formats that will allow activists, educators, and staff trainers to explore disability issues in a wide variety of settings; an annotated bibliography; and selected readings.

As the title suggests, the manual is intended to build community among diverse groups. Because so few opportunities are provided in schools or organizations to understand what it means to be a person with a disability in our society and to explore the social, economic, political, and attitudinal barriers faced by people who are disabled, this manual can be used to provide such a general introduction to the topic. It also will help to reveal the numerous ways in which political and educational organizations can join disability rights groups in the struggle for a more just and inclusive society. The hope is to encourage political and personal links that have not existed thus far between feminist, educational, and disability rights groups.

- Within women's organizations, the manual may raise general awareness about issues faced by women with disabilities. It also can be used to develop organizational strategies to meet the needs of women with disabilities within the organization and in society at large.

- In disability rights organizations, it is especially important that an awareness be

developed about the particular needs of women with disabilities, about the ways in which their lives and experiences differ from those of men with disabilities. In both women's and disability rights organizations, the manual can be used to train staff as well as to inform the general membership about the connection between discrimination based on gender and disability.

- In educational settings, the manual can be used to train teachers, administrators, and other staff about the needs of students with disabilities and to raise awareness among students about issues of disability. All teachers will benefit from the information on the specific needs and experiences of girls and women with disabilities. Teachers will find the manual useful in preparing themselves and their students to facilitate conditions in school, work, and other social settings so that people with disabilities can fully participate.

It is possible to use the manual with nondisabled groups, with disabled groups, and with mixed groups of people. The largest amount of learning for nondisabled people occurs in mixed groups; however, the manual can and has been used with all these groups.

Building Community addresses disability as a political, civil rights issue, as a human relations issue, and as a personal experience. It is hoped that people who use this manual will work toward changes in policies, behavior, and attitudes so that all people—disabled and nondisabled—can live to their fullest potential.

History of the Women and Disability Awareness Project

Building Community: A Manual Exploring Issues of Women and Disability was developed by the Women and Disability Awareness Project, a group of disabled and nondisabled women who met during 1982-1984 to discuss disabled women, feminism, and the links between the disability rights and women's movements. The group first formed at Access to Equality: The First National Conference on Educational Equity for Disabled Women and Girls, which was held June 25-27, 1982, in Baltimore, Maryland. The conference was cosponsored by Project R.E.E.D. (Resources on Educational Equity for the Disabled) and by the Disabled Women's Educational Equity Project, programs funded under the Women's Educational Equity Act, U.S. Department of Education.

The Women and Disability Awareness Project is a direct outgrowth of the conference. During a series of action sessions, the three constituencies (educators; specialists in equity issues of sex, race, national origin, and disability; and leaders in the field of disability) met in peer groups to make recommendations for follow-up to the work begun at the conference. The equity peer group, which recommended the development of a consciousness-raising (C-R) manual dealing with issues of women and disability, recognized that consciousness-raising has been a major strategy for social change. This recommendation sprang from the desire to recreate for others the personal awareness experienced at the conference, especially to help facilitate the sharing of ideas, concerns, and experiences between disabled and nondisabled women.

Following the conference, members of the equity peer group in the New York City/Philadelphia area met and formed the Planning Committee for the Women and Disability Awareness Project (see biographical sketches in the Resources section). During the first six months of the project's development, a number of C-R formats were reviewed; particularly helpful were the racism consciousness-raising questions developed by Tia Cross, Freada Klein, Barbara Smith, and Beverly Smith (*Women's Studies Newsletter*, Winter 1980). The committee then held a series of extended (4-6 hour) consciousness-raising sessions in which members shared their own feelings and experiences related to gender and disability from

childhood, adolescence, and adulthood. The very personal process of working through and experiencing first-hand the roots of their own attitudes with respect to disability and gender was an integral part of the group's success in putting together this C-R manual.

In the spring of 1983, the committee sought and received funding from the Ms. Foundation for Women, Inc., to develop, publish, and disseminate a consciousness-raising manual aimed at raising awareness of the connections between issues of gender and disability bias. Between June 1983 and June 1984, formal pilot-testing activities took place in a variety of settings, including conferences, organizational and professional meetings, community groups, women's groups, and secondary and postsecondary classrooms. Extensive outreach was conducted to test the C-R questions with racially, ethnically, and economically diverse groups of disabled and nondisabled women and men. The materials were made available in print, tape, and braille formats, and interpreters were provided at test sessions as needed. In addition, wherever possible, sessions were conducted by pairs of disabled and nondisabled facilitators.

Evaluation was an ongoing part of the pilot-testing process. Forms were developed to help assess the effectiveness of each session and to gather participant reactions. Based on this information, the manual was revised and prepared for distribution.

The following is a list of the pilot testing conducted in 1983-84:

Association on Handicapped Student Service Programs in Post-Secondary Education (AHSSPPE), Oakland, California. Workshops sponsored by the Women's Caucus of AHSSPPE. Participants: 23 in one section, 12 in the other—mainly staff members of service programs for college students with disabilities from colleges throughout the country—disabled and nondisabled.

Barnard College, New York, New York. Workshop on "Disabled Women: The Case of the Missing Role Model" in celebration of Women's History Month. Participants: 15 Barnard students and others, disabled and nondisabled.

Disability Rights Education and Defense Fund (DREDF) Regional Conference, St. Paul, Minnesota. Workshop, a part of a three-day conference for young women with disabilities, aimed at independent living and major life issues. Participants: young women with a broad range of disabilities, primarily between the ages of 17-25.

Food and Drug Administration (FDA), Brooklyn, New York. Workshop offered as staff training to FDA employees as part of the Affirmative Action Officer's ongoing training on civil rights issues. Participants: 13 employees, men and women, disabled and nondisabled.

Girl Scouts of America, New York, New York. Workshop, part of scout leaders' training. Participants: 25 staff members from five Girl Scout councils throughout the New York-New Jersey area; these staff members are responsible for training the troop leaders, among other functions.

Governor's Committee on Employment of the Handicapped, New Haven, Connecticut. Workshop, a part of a series of monthly workshops on "Career Opportunities for Women with Disabilities," sponsored by the Governor's Committee. Participants: 40 women with a broad range of disabilities seeking career information.

Human Resources School (HRS), Albertson, New York. Shortened version of workshop offered to Home Economics Club members of HRS, a school for children and adults with physical disabilities. Participants: 14 high school students—young women and young men with mobility impairments.

Massachusetts Coalition of Citizens with Disabilities (MCCD), Brookline, Massachusetts. Workshop, part of ongoing leadership training. Participants: 29 women with disabilities—including MCCD staff, leaders of groups of women with disabilities sponsored by MCCD throughout the area, and one member from each of these various women's groups; covered a broad range of disabilities including deaf-blindness and mental retardation.

National Coalition for Sex Equity in Education (NCSEE), Brunswick, Maine. Workshop as part of NCSEE conference on

"Dimensions of Equity." Participants: 11 people, mainly sex-equity specialists from state departments of education, high schools, and other settings—disabled and nondisabled, largely the latter.

National Women's Studies Association (NWSA), Columbus, Ohio. Workshop as part of NWSA conference on "Feminist Education: Quality and Equality." Participants: 15 people, including university professors and college students, disabled and nondisabled, largely the latter.

New York City Board of Education, Brooklyn, New York. Workshop offered as one session of the required course in Human Relations for Employees of the Board of Education. Unlike other testing, this workshop was conducted by someone outside the project, the regular teacher of the course, with members of the project as observers. Participants: the workshop was conducted twice, for two different sections of the course. There were 15-20 participants in each, women and men, all teachers, some of special education classes, others of regular classes.

Victim Services Agency, New York, New York. Workshop offered to assist staff in providing assistance to crime victims with disabilities. Participants: 30 professional staff members, mostly nondisabled.

Yonkers Independent Living Center, Westchester NOW, White Plains, New York. Workshop followed the keynote address and occupied the bulk of the time of this half-day conference on "Disabled Women: The Double Minority." Participants: 50 women, mainly with disabilities, from the Westchester area.

YWCA, New York, New York. Materials were used to facilitate this three-hour workshop, "Networking for Disabled Women," sponsored by the Y as part of its first effort to directly reach out to and serve women with disabilities. Participants: 11 women with disabilities from the New York City area.

It is hoped that widespread dissemination of this manual will enable its many readers to forge new connections and form new alliances that can provide increased access and equity for all.

Introduction¹

In 1982, three women with disabilities wrote:

*Until recently, nobody talked much about being disabled. Especially disabled people. Most disabled people . . . were the last ones who wanted to point out that we were different. Well, times have changed. Now disabled people see that this silence has made it harder for us to figure out how to live our lives.*²

Building Community, prepared by a group of disabled and nondisabled women, is part of the attempt to replace that silence with open discussion. Through this publication, it is hoped that disabled and nondisabled women will have opportunities to share life experiences, to uncover commonalities as well as differences in their lives, and to work cooperatively for a strong and united effort toward equality.

For many women and men, particularly those who do not have disabilities, any discussion of women and disability needs to begin with a discussion of disability in general, as it is unfamiliar territory for so many people, despite the fact that, according to the 1977 White House Conference on Handicapped Individuals, 35 million Americans are disabled to some degree.³ Further, the American Coalition of Citizens with Disabilities estimates that one out of every six Americans has a disability and that 40 percent of school-aged children need special education services for at least part of their elementary school years.⁴

The Disability Rights Movement

During the 1960s and 1970s, people with disabilities began to organize the disability rights movement and demand equality. They won many

legal changes. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against disabled people in schooling, employment, and access to services in institutions and organizations that receive federal funds. Public law 94-142, the Education for All Handicapped Children Act of 1975, requires each state receiving special education funds to provide a free appropriate education to each student with a disability (ages 5-21). The Act states that such an education must be provided in the least restrictive setting possible and thus emphasizes what has come to be called "mainstreaming."

Both acts define people with disabilities quite broadly to include anyone who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded by others as having such an impairment. "Major life activities" include being able to care for oneself, communicate with others, be employed, learn and receive an education, use transportation, and perform manual tasks. A wide range of physical, mental, emotional, visual, auditory, learning, and health disabilities are thus included in the federal definition: arthritis, amputation, blindness or vision impairment, cancer, deafness or hearing impairment, heart disease, mental retardation, mental illness, multiple sclerosis, epilepsy, paraplegia, and many other conditions.⁵ Disabilities may be visible or hidden, mild or severe, and may occur at birth or develop later in life.

Like other movements of the 1960s and 1970s, the disability rights movement has generated more than legislation. It has affected how people with disabilities see themselves. It has helped people with disabilities to reclaim their strength,

Notes

1. Much of the information in this introduction appears, in somewhat different form, in the introduction to *Equity Intropacket: Women and Girls with Disabilities* by Elizabeth Phillips, published by the Organization for Equal Education of the Sexes, 744 Carroll Street, Brooklyn, NY 11215.
2. Ann Cupolo Carrillo, Katherine Corbett, and Victoria Lewis, *No More Stares*: San Francisco: Disability Rights Education and Defense Fund, 1982, p. 10.
3. Statistics cited in "Disabled Women: A Growing Force," *Focal Point* (Maryland Commission for Women, Summer 1982).
4. *Ibid.*
5. Attempts have been made in recent years to lessen the impact of these laws. For further information on laws affecting disabled people, contact the Disability Rights Education and Defense Fund (DREDF), 2032 San Pablo Ave., Berkeley, CA 94702.

independence, and pride. One group of women with disabilities stated, "Because we talked to each other about our everyday lives as disabled women we have felt better about ourselves, more able to live life as fully as we can."⁶ The movement has had an impact, too, on the ways in which nondisabled people view people with disabilities.

Despite this, people with disabilities in general, and women and girls with disabilities in particular, face many obstacles in their struggle for equality. Language, which both reflects and reinforces attitudes, is one such obstacle. For example, a problem exists between the use of the terms "disabled" and "handicapped" because federal civil rights laws use "handicapped," while those involved with the disability rights movement prefer "disabled." The word "handicapped" is thought to have originated from the practice of beggars holding "cap in hand" to solicit charity, reinforcing the image of people with disabilities as dependent and unproductive. Society handicaps people by placing various barriers in their way—architectural, communication, attitudinal, and legal. It is not the people themselves who are handicapped. Other terms and usages are offensive for similar reasons. The word "cripple," for example, is derived from "creep." To say that a person is confined to a wheelchair strongly suggests limitation; while saying that a person uses a wheelchair conveys the same information in a positive way that describes an ability rather than a limitation.

For the promise of laws such as Section 504 and PL 94-142 to become a reality, attitudes and language must change as must social and economic policies. Nondisabled people in particular must understand what one woman with

a disability meant when she stated that "Virtually all the difficulty imposed by disability today stems from the cruelty, discrimination, and ignorance of others and the neglect of disabled people by major economic and social institutions—not from the disability per se."⁷ Disability is first and foremost a civil rights issue. But disability also affects social relationships and raises significant questions about society's obligations to human needs and to dealing with difference.

Double Discrimination for Women with Disabilities

Although men as well as women with disabilities experience severe discrimination in our society, women with disabilities experience a double and sometimes triple burden. Women of color who are disabled and lesbians who are disabled confront additional layers of oppression. This manual was developed to explore what it means to be a woman or girl with a disability in a society that devalues both people with disabilities and females.

Most research findings suggest that although men and women with disabilities are subject to discrimination because of their disabilities, women who are disabled are at a further disadvantage compared to both men who are disabled and women who are nondisabled.⁸ For example, wage discrimination based on gender is further compounded by disability. A comparison of employment data for men and women with and without a work disability reveals the following statistics. The percent of people working yearround full-time in 1981: nondisabled men, 61.4 percent; disabled men, 22.3 percent; nondisabled women, 32.7 percent; and disabled women, 7.4

6. Carrillo, Corbett, and Lewis, *No More Stares*, p. 11.
7. Adrienne Asch in Michelle Fine and Adrienne Asch, "The Question of Disability: No Easy Answers for the Women's Movement," *Reproductive Rights National Newsletter*, Vol. IV, No. 3, Fall 1982.

8. See Michelle Fine and Adrienne Asch, "Disabled Women: Sexism Without the Pedestal," *Journal of Sociology and Social Welfare*, Vol. 8, No. 2, July 1981.

percent. The mean earnings for all workers in 1981: nondisabled men, \$17,481; disabled men, \$13,863; nondisabled women, \$8,470; and disabled women, \$5,835.⁹ One must bear in mind that when looking at economic data about the income and employment rates for women with disabilities, that women of color who are disabled have even more distressing levels of unemployment and low income.¹⁰

Women with disabilities are less likely to be married, are likely to marry later, and are more likely to divorce.¹¹ Married women who are disabled are more likely than married men who are disabled to be living without their partners—that is, to be divorced, separated, or widowed. Michelle Fine and Adrienne Asch, who cite these statistics, are careful to point out that “Marriage may not be a preferred status for an increasing number of women.” They note, however, that it is significant to look at these statistics since they are “customary measure(s) of social options and position.”¹²

In their 1978 study of disabled women and education, J. Corbett O'Toole and CeCe Weeks argue that one of the most serious problems for women and girls with disabilities is the absence of role models.¹³ The scarcity of adult role models is particularly oppressive to people with disabilities who, unlike members of other minorities, are likely to grow up in homes where they are the only person with a disability and in neighborhoods where they are in a minority. Although men with disabilities lack role models, the situation is even worse for women. One woman who is deaf recalled, “I never knew what would happen when I left school. It scared me. I used to believe that when I graduated, I'd die or live with my family forever. That was because I'd never met a deaf

woman.”¹⁴

If women with disabilities see few living role models in their communities, schools, and workplaces, they also find few role models in the books they read. A study of 47 recommended books about disabilities found that 84 percent of the books with pictures showed boys with disabilities more frequently than girls with disabilities.¹⁵ In curricula on disability, lists of famous people with disabilities invariably include many more men than women. For example, one activity guide matching quiz of 22 people with disabilities included only four women. Three of the four were entertainers, in contrast to the presidents, senators, and inventors included among the males.¹⁶

All women, disabled and nondisabled, in the United States are disadvantaged by the high premium placed on physical beauty. For women with observable physical disabilities, this emphasis on physical appearance may be particularly oppressive. Although men are to some extent judged by their appearance, standards of acceptability are a great deal more flexible and inclusive for men than they are for women. Furthermore, physical attractiveness can become insignificant for men when they are successful in their work.

An additional hardship for women with disabilities, whether they are heterosexual, bisexual, or lesbian, is the fact that their sexual needs are ignored. People with disabilities in general, and women with disabilities in particular, are considered asexual. Women with disabilities often are discouraged from becoming mothers. A number of women with disabilities have been required to prove in court that they can care for

9. Cited in Adrienne Asch, “The Experience of Disability: A Challenge for Psychology,” *American Psychologist*, Vol. 39, No. 5, May 1984.

10. *Concerns* newsletter, June 1983, p. 1.

11. Fine and Asch, “Disabled Women: Sexism Without the Pedestal,” p. 234.

12. *Ibid.*

13. J. Corbett O'Toole and CeCe Weeks, *What Happens After School? A Study of Disabled Women and Education*. Washington, D.C.: U.S. Department of

Education, National Institute of Education, 1978, ERIC Reports, pp. 9-16.

14. J. Corbett O'Toole, “Disabled Women: The Case of the Missing Role Model,” *Independent*, Issue 2, 1979.

15. Cited in the Council on Interracial Books for Children's *Bulletin*, Vol. 13, Nos. 4 & 5, 1982.

16. Ruth-Ellen Ross and I. Robert Freeland. *Handicapped People in Society: A Curriculum Guide*. Burlington, VT.: University of Vermont, 1977, p. 95.

their children. Women with disabilities who are pregnant often have trouble finding doctors who will accept them as patients and provide them with specialized information and services related to their specific needs. Women with disabilities seeking birth control information have been prescribed contraceptives that were incompatible with their disability and that would dangerously interact with other drugs they were taking. It is reported that women who are disabled also are frequent victims of sexual abuse.¹⁷

Given the information cited above, it is not surprising that the self-image of women with disabilities tends to be more negative than that of men with disabilities. And women with disabilities are also perceived by others more negatively than are men with disabilities. Michelle Fine and Adrienne Asch suggest convincingly that women with disabilities have a serious problem finding an "acceptable" role.¹⁸ On the one hand, they are not perceived as economically productive—able to earn a living—the role assigned to males. On the other hand, since women with disabilities are viewed as needing to be cared for, the nurturing wife/mother role traditionally seen as the female role is also not considered appropriate. In reality, women with disabilities achieve in careers. They are mothers and nurturers. They are sexually active. Yet the larger society has yet to acknowledge this fact, and the stereotypes have a serious impact on women and girls with disabilities.

Discrimination in Education

Although laws such as Section 504, PL 94-142, the Civil Rights Act of 1964, and Title IX provide the basis for equality in education, many children

with disabilities continue to receive an inferior education compared to that of nondisabled children. And, girls and boys with the same disabilities often receive very different kinds of education.

The difference in how girls and boys are educated begins with an assessment of the disability; about two-thirds of those identified as in need of special education services are males. Researchers have concluded that the male/female disproportion cannot be explained by physiology alone. For example, males labelled mentally retarded have higher IQs than females labelled mentally retarded.¹⁹ The implication is that females are not expected to excel intellectually to the extent that males are and, therefore, are not classified as retarded unless they have very significantly low IQs. In fact, the female stereotype—dependent, emotional, illogical, unambitious, needing protection—has much in common with the stereotype of retarded people.²⁰ In addition, some observers believe that boys may be too readily labelled mentally retarded simply because of disruptive social behavior.²¹

The 1982 Disability Rights Education and Defense Fund (DREDF) study of 8,000 people with disabilities found that physically disabled girls were far more likely than physically disabled boys to be placed in special separate schools.²² Asserting that such placement seriously limits girls' access to social and educational experiences, the researchers suggest that this difference in treatment comes about because of the assumption that males must support themselves and, therefore, need a good education.

Acknowledging that all children—female and male, disabled and nondisabled—are limited by the sex-biased curriculum taught in most schools,

17. Shari L. Thurer, "Women and Rehabilitation," *Rehabilitation Literature*, Vol. 43, No. 7-8, July/August 1982, p. 196.

18. Fine and Asch, "Disabled Women: Sexism Without the Pedestal," pp. 233-234.

19. Patricia Gillespie-Silver and Lous Heshusius, "Mental Retardation: A Double Standard for the Sexes," *Equal Play*, Winter-Spring 1981, pp. 16-18.

20. *Ibid.*

21. DREDF 1982 survey; information available from DREDF, 2032 San Pablo Ave., Berkeley, CA 94702.

22. *Ibid.*

researchers Patricia Gillespie and Allan Fink suggest that sex-role stereotyping in the curriculum is especially pervasive for children who are mentally disabled and behaviorally disordered.²³ Such children often are taught extremely sexist modes of behavior that will supposedly enable them to "adjust properly" to the society. Their school books include stories and illustrations that are deliberately stereotypical to foster this "adjustment." In one special education reading book designed to teach the alphabet, the final two pages, ask, "Would you rather be a young man and climb a mountain tall . . . or just be a zero and be nothing much at all?" A boy is pictured on top of the mountains; the zero is illustrated by a girl.²⁴

Making Connections

The past two decades have seen the emergence of both a strong women's movement and a strong disability rights movement; however, the two movements and the concerns of each generally have not been linked. This has meant that the special position of women and girls with disabilities has, until recently, been overlooked by advocates themselves, let alone policymakers and elected officials at all levels. In the 1980s, however, this issue began to receive attention from scholars, educators, feminists, and disability rights activists. Publications appeared focusing

on women and girls with disabilities.²⁵ Feminist groups both large and small began to look at the issue of disability. Meetings were sometimes held in accessible places; sign language interpreters were sometimes available. Groups that worked on rape, domestic violence, and reproductive rights began, slowly, to consider the needs of women with disabilities.

Important work was done in the area of educational equity for women and girls with disabilities. In 1982, the Disabled Women's Educational Equity Project of the Disability Rights Education and Defense Fund (DREDF) completed a survey of 8,000 people with disabilities that examined educational experiences and looked at differences between males and females.²⁶ That same year, the First National Conference on Educational Equity for Disabled Women and Girls was held.²⁷

It was at this conference that the Women and Disability Awareness Project was founded, with the purpose of raising awareness about how issues of bias related to both women and disability are connected. This manual is the culmination of the work on that project. It is an attempt to encourage others to replicate and learn from the experiences that we have had as disabled and nondisabled women working together to change ourselves and our world.

23. Patricia Gillespie and Allan Fink, "The Influence of Sexism on the Education of Handicapped Children," *Exceptional Children*, Vol. 41, No. 3, November 1974.

24. Cited in *Concerns* newsletter, June 1983, pp. 2-3.

25. See for example *Newsflash*, a publication of the Coordination Project of the Women's Educational Equity Act Program, U. S. Department of Education, Vol. 2, No. 4, May/June 1981 and *Concerns*, the newsletter of the Council of Chief State School Officers Resource Center on Sex Equity, Issue 9, June 1983.

26. Information on the survey is available from DREDF, 2032 San Pablo Ave., Berkeley, CA 94702.

27. The conference was cosponsored by two projects funded by the Women's Educational Equity Act Program: The Disabled Women's Educational Equity Project of the Disability Rights Education and Defense Fund, Inc., and Project REED (Resources on Educational Equity for the Disabled) of the Nonsexist Child Development Project, Women's Action Alliance, Inc.

Workshop on Women with Disabilities

The basic format developed by the Women and Disability Awareness Project is a three-hour workshop that combines a mini-lecture, small group interaction, and large group discussion. This workshop format works well with anywhere from 12 to 30 participants. (*For variations, see the end of this section.*) At the core of the workshop is the series of consciousness-raising questions developed by the project. These questions, designed to further discussion of often personal issues, will help participants examine their own personal experiences as they relate to current attitudes about women and disability.

The purpose of the workshop is to raise awareness about the following issues:

- Attitudes toward disability,
- Parallel concerns of disabled and nondisabled women,
- Importance of adult role models with disabilities,
- Disability as an equity issue.

Objectives

Some of the goals of the workshop are:

- To discuss current myths, stereotypes, and attitudes toward disability and how they are passed along;
- To discuss early childhood and adolescent experiences and how these experiences relate to current attitudes toward disability;
- To become aware of the educational, financial, and social inequities facing women with disabilities;
- To become aware of the invisibility and importance of role models of adults with disabilities for disabled and nondisabled women;
- To share information about the accomplishments of women with disabilities throughout history;
- To become aware of the parallels between women's issues and disability-related issues;
- To explore ways in which women's issues can be integrated into disability groups and how disability issues can be integrated into women's and educational groups;
- To develop plans of action for strategies for organizational change.

Materials Needed

- Notable women task cards for warm-up activity (if necessary, these should be made available in large print and in braille).
- Information for mini-lecture.
- Questions for small group discussion.
- Hand-outs, reprinted in quantity (feel free to reprint the Biographical Sketches of Notable Women with Disabilities, the consciousness-raising questions, the Action Strategies, and the annotated bibliography in this manual).
- Newsprint, marker, and masking tape.

Facilities

As a matter of policy, all workshops should be held in facilities that are wheelchair-accessible. (A good resource for setting up accessible workshops is *Barrier Free Meetings: A Guide for Professional Associations* available from the American Association for the Advancement of Science, 1776 Massachusetts Ave., N.W., Washington, DC 20036.)

It is important to check out the facilities for accessibility beforehand: building entrance, meeting rooms, bathrooms, telephones. Also, as a matter of policy, child care should be provided, and sign language interpreters should be made available. If advance publicity is sent out prior to the workshop, participants could be asked to indicate if they will need sign language interpreters or child care.

Tables and chairs in the room should be arranged so that participants can form small groups easily, and chairs can form a circle for large group discussions. Be sure to leave room within the circle for participants using wheelchairs. Also, if workshop participants are severely mobility-impaired so that moving to different areas of the room would be difficult, plan so that participants can form small groups where they are already seated. In this case, a set-up of tables and chairs would help facilitate small group activity.

Overview of Workshop

Introduction (15 minutes)

Warm-Up Activity: What Do Sarah Bernhardt, Wilma Rudolph, and Harriet Tubman Have in Common? (30 minutes)

Definition of Disability (15 minutes)

Mini-Lecture: Importance of Role Models of Women with Disabilities (15 minutes)

Small Group C-R Discussions (90 minutes)

Report Back and Summary (30 minutes)

Introduction (15 minutes)

All participants, as well as the workshop leader(s), should have the opportunity to tell their names, affiliations, and some brief description of themselves and why they are attending the workshop.

Warm-Up Activity: What Do Sarah Bernhardt, Wilma Rudolph, and Harriet Tubman Have in Common?

(Explanation and small group activity, 10 minutes; large group discussion, 20 minutes)

A warm-up activity is a way of getting participants to know more than each other's names. It also provides a common denominator—the activity itself—early in the session. For the workshop leader, it is a helpful way to observe the interactions of participants and to learn about their knowledge, interests, and possible resistance to the subject matter. This particular warm-up activity helps set a participatory atmosphere for the workshop and provides a lively introduction to the topic of women and disability.

In preparation for the activity, choose as many names from the following list as the number of small groups you need to form, and prepare an appropriate number of cards for each name. (For example, if there are 24 workshop participants, and you want to form six groups, choose six names from the following list and prepare four cards for each name. If you do not know the number of participants in advance, prepare several cards for

each name and adjust accordingly at the workshop itself.

Jane Addams	Rosalie Hixson
Alicia Alonso	Dorothea Lange
Sarah Bernhardt	Helen Keller
Laura Bridgeman	Audre Lorde
Linda Down	Mary Tyler Moore
Sandy Duncan	Kitty O'Neil
Nanette Fabray	Wilma Rudolph
Judy Heumann	Harriet Tubman

A short biographical sketch of each woman appears in the Workshop Materials section. Each person on the list is a Notable Woman with a Disability; however, except for Helen Keller, the disability (and, in some cases the woman herself) is largely unknown to the public. As you choose the names for your warm-up activity, consider race/ethnicity and a mix of historical and contemporary people. It also is a good idea to include Helen Keller, since she is familiar to everyone.

To begin the activity, hand all participants a card and ask them to form small groups with people who have cards with the same name, e.g., a Wilma Rudolph group and a Sarah Bernhardt group. If possible, before the workshop begins, hang newsprint sheets with the women's names in the different areas of the room where you want the groups to form. Read names aloud in case any participants have visual impairments or learning disabilities. Then ask people to match up the name on their card with the one on the newsprint.

When the small groups are formed, ask each group to select someone as recorder to report back to the larger group. Then, ask each group to take approximately five minutes to share with each other everything they know about the women whose names are on their cards. At this point, it is a good idea to assure participants that the warm-up activity is not a "test." It is perfectly acceptable if they don't know very much—or anything—about the person they have been assigned. (In fact, that is one of the points of the activity.) After about three minutes, give a time warning, and at the end of five minutes have participants return to the larger group.

Begin the discussion by choosing a report on a person who is well-known, but not generally known to be disabled, e.g., Sarah Bernhardt. Save the Helen Keller group until last. Ask the Sarah Bernhardt group to tell the others what they know

about her. Write the information on sheets of newsprint as a summary for the whole group. After each report, ask for additional information from the larger group. However, as the leader, do not offer any additional information. If no one knows anything about a particular woman, just move on, saying you will fill in the information at the end of the discussion.

After the reports, ask participants why they think these women were chosen for this activity. If possible, it is important for the group to discover for themselves the common thread uniting these notable women is that they all have, or had, disabilities. It is interesting to note that this activity works equally well with groups who know very little about the women and their disabilities and with groups who are very knowledgeable about the women. The process of sharing and discovery is what is important, and that works with all groups.

Fill in whatever information is missing. Then sum up the activity by going over its purpose:

- There are many multitalented, successful women with disabilities from the past and present with whom all women can feel a sense of pride and identification,
- Women with and without disabilities know very little about successful women who are disabled and have little opportunity to use these women as role models,
- Myths and stereotypes about people with disabilities are incompatible with society's image of "success."

Definition of Disability (15 minutes)

During the warm-up activity, especially if the majority of the participants are nondisabled, a question may arise about what definition of disability is being used. In these cases, it is useful to follow the warm-up by asking participants to generate their own definition of disability. As people give suggestions, write them on a sheet of newsprint. Once you have a group definition, read the legal definition, taken from Section 84.3J of the Federal Register Final Regulations to

Implement Section 504 of the Rehabilitation Act of 1973:

Handicapped person means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. "Physical or mental impairment" means (A) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (B) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. "Major life activities" means functions such as: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. "Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. "Is regarded as having an impairment" means (A) has physical or mental impairment that does not substantially limit major life activities but that is treated . . . as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such an impairment; or (C) has none of the impairments but is treated as having such an impairment.

Mini-Lecture: Importance of Role Models of Women with Disabilities (15 minutes)

This mini-lecture builds upon the warm-up exercise. It enables participants to become aware of the importance of role models of women with disabilities, yet of their invisibility; it provides participants with statistics on the educational,

economic, and social inequities facing women with disabilities; and it allows the workshop leader(s) to share personal experiences and/or attitudes toward disability, which will set the tone for personal sharing among participants in the small groups to follow.

Begin by noting that the warm-up exercise demonstrated that, on the one hand, there are many multitalented, successful women with disabilities from the past and present who potentially could serve as role models for disabled and nondisabled women, yet, on the other hand, the fact that these women are disabled is rarely known. Thus, such role models are *invisible*. Suggest the reason for this invisibility. In particular note that, because of the pervasiveness of negative attitudes toward disability and disabled people, women with disabilities who are successful are often no longer perceived as disabled. Some of the typical myths and stereotypes about women with disabilities are that they are sick, dependent, childlike, and asexual. Such images are incompatible with success. In people's minds, disability and success do not go together.

Further explain that while this problem of incompatible images exists for people with disabilities in general, it is even more intense for women with disabilities. Until relatively recently, the images of "womanhood" and "success" seemed incompatible. Successful women were perceived as manlike, seeking a career because they could not "catch a man," because they were not "true women." Thus, the accomplishments of women with disabilities are disregarded on two counts: disability and gender. Successful women with disabilities are often seen not only as not disabled, but also as not truly women.

Conclude this discussion of role models by noting that because of the invisibility of successful women with disabilities, disabled and nondisabled women are denied access to potentially useful role models who could help them develop positive expectations and aspirations. Another consequence is that the contributions of women with disabilities as a minority group go unrecognized.

Following the discussion of role models, offer an overview of some of the major issues facing

women with disabilities. (It is suggested that the leader(s) review the Introduction and selected readings in this manual for appropriate content.) Note that women with disabilities face double discrimination—discrimination based on gender and discrimination based on disability. Women of color who are disabled face yet a third type of discrimination, as do lesbians who are disabled. The limited available statistics suggest that economically, socially, and psychologically, women with disabilities fare considerably worse than either women who are nondisabled or men who are disabled. For example, according to Michelle Fine and Adrienne Asch's landmark paper on women with disabilities:

- Women with disabilities are more likely to be unemployed than men with disabilities, are somewhat less likely to be college educated, earn substantially less, and are less likely to find a job post-disability.

- Women with disabilities are less likely than nondisabled women to be married, are likely to marry later, and are more likely to be divorced; they are more likely to be alone or left alone than men with disabilities.

- Women with disabilities are more often advised not to have children and are more likely to be threatened by or be victims of involuntary sterilization than nondisabled women.

- There are fewer sexual health care and other appropriate services and less access to rehabilitation for women with disabilities.

- Psychologically, in terms of self-perceptions and the perceptions of others, women with disabilities are viewed more negatively than men with disabilities.

- Women with disabilities have access to fewer socially sanctioned roles than women who are nondisabled or men who are disabled. They are perceived as inadequate to fulfill either the nurturant reproductive roles of wife and mother or the economically productive roles of breadwinner considered appropriate for men. As a result, they experience a sense of rolelessness, in itself a handicapping condition impeding career and personal options. Role models could help to counter this problem, but, as the warm-up exercise indicated, they are too often invisible.

Summarize these findings by noting that

women with disabilities face gross inequities in our society. While the women's movement has often viewed the needs and problems of its disabled sisters as a health issue, in fact the issues are political, for the barriers they face are more often than not the result of social conditions. Indeed, many of the inequities facing women with disabilities are similar to those facing all women; they differ in *degree*, not in *nature*.

If possible, it is a good idea to end this section by sharing personal experiences vis a vis disability. The intent is to provide participants with a more intimate view of disability and to share personal experiences so as to set the stage for the small group discussions to follow.

- If the leader is a woman who is disabled, she might select some aspect of her life experience that demonstrates how negative societal attitudes and practices affected her aspirations, choices, opportunities, and/or self-perceptions, e.g., how the societal myth that women with disabilities are asexual affected her social and sexual life, or how society's view of women with disabilities as helpless and incompetent affected her career development, or she might discuss how she believes being a woman with disabilities affected such issues as body image, sexuality, childrearing, work, friendships, or attitudes toward feminism.

- If the leader is a woman who is nondisabled, she might describe some aspect of her experiences and attitudes toward people with disabilities, e.g., the factors in her history and her life affecting her attitudes toward people with disabilities, the similarities and differences she believes exist between herself and women who are disabled, the relationships she has had with people who are disabled and their impact, or the absence of such relationships and the impact.

At this point, indicate that the participants will now, in small groups, have the opportunity to explore both some of their childhood experiences and attitudes toward disability and how these affect current attitudes, assumptions, myths, and stereotypes. The groups will also consider the parallels between issues of women with disabilities and other relevant political issues in their lives. Conclude with a few brief comments on the language of disability as an issue for participants

to keep in mind during the course of their discussions (see Introduction).

Small Group C-R Discussions (90 minutes)

Following the mini-lecture, ask workshop participants to form small groups of approximately 8-12 persons each, plus a facilitator(s). The facilitator's role in the small group is to facilitate the discussion of each question, which might include responding personally to the question, noting similarities and differences among the participants' experiences and responses; to summarize the major themes in response to each question and to move the group to the next question at the appropriate time.

If the participants include both disabled and nondisabled people, it is useful to include at least one person who is disabled (and preferably more) in each group to maximize the exchange. The various small groups should convene at locations sufficiently distant from one another to ensure privacy.

Each group should form a circle. The facilitator begins by reiterating the purposes of the small group, as previously noted by the workshop leader. She indicates that she will be introducing two questions to stimulate the discussion and that the discussion will be conducted in consciousness-raising fashion. This means that after each question, there will be a go-around in which each participant will have an opportunity to respond; then the discussion will be opened up for participants to add to their initial comments or to respond to others as they wish. The only restrictions are that participants must speak from their own experience rather than make generalizations and that they do not challenge or judge another person's experiences. The facilitator also points out that group members will be sharing a broad range of experiences, attitudes, and feelings about disability, both positive and negative. While negative attitudes are sometimes difficult to acknowledge, they are understandable given the pervasiveness of negative attitudes toward disability in society as a whole. These feelings must be voiced in order to be changed. The group is an appropriate place to express these and, indeed, all types of feelings. The intent here is to

accept a broad range of feelings in the group.

At the beginning, the facilitator should ask for a volunteer to jot down common themes from the discussion. The volunteer will offer these themes to the larger group during the Report Back at the end of the workshop. Prior to beginning the discussion of the first question, the facilitator might wish to do a go-around in which participants introduce themselves, including their names and anything else they might want to tell about themselves.

Selecting the Questions

The questions, reprinted in the Workshop Materials section of this manual, fall into two major categories: 1) Personal Experiences, including childhood and adulthood experiences and 2) Connections with Disability: Politics and Relationships. The small groups convene for approximately one hour, affording an opportunity to cover in depth two of the several questions listed. (Each question takes about a half-hour.) It is suggested that one question be selected from the first category and one question from the second. The intent is to have participants begin with a discussion of personal attitudes toward and experiences with disability, then move on to a discussion that draws the parallels between the issues of women with disabilities and other relevant political issues in the participants' lives, e.g., other types of minority group issues. Conclude with a discussion focused on action, i.e., ways to incorporate the concerns of women with disabilities into the organizations and movements in which the participants are involved. If there are time pressures, the last-mentioned action strategies may be reserved for the Report Back and Summary.

The standard fare for a one-hour group is to consider Question 1 in the Personal Experiences section and then Questions 1 or 2 in the Connections section. However, depending on the needs, interests, and composition of the group, as well as the leader's own goals, other combinations of questions might be preferable.

Here are some guidelines for the selection and use of questions:

Personal Experiences Questions

• Question 1 works well with all types of groups—disabled and nondisabled, women and men, professionals and consumers, or students and teachers.

1. As a child, when were you first aware that some people have disabilities? Recall a specific incident. How did you feel?

However, participants who are disabled are likely to find this question more emotion-laden than those who are nondisabled. The facilitator may wish to acknowledge the difficulties and risks involved in responding, may choose to engage in more personal sharing herself to facilitate risk-taking, and/or in other ways seek to create a receptive environment. The difficulties may be compounded for younger people with disabilities who are closer to the experiences they are describing, requiring further sensitivity on the part of the leader. For all participants, the intent of Question 1 is to uncover some of the childhood sources of current attitudes toward disability, e.g., the family, school, peers.

• Answers to Question 1 often address issues raised in Questions 2-8.

2. What kind of contact did you have with people with disabilities? Were they adults, children, playmates, schoolmates, hospital-mates?
3. What attitudes about disability did you pick up in your schools? What attitudes did you pick up in your family? Were the messages different for females who were disabled and males who were disabled?
4. Can you recall your first experience with negative attitudes toward people with disabilities? How did these attitudes make you feel toward people with disabilities? About yourself?

5. During your childhood and adolescence, how did you feel about your body, about how you looked, and your physical abilities? Did this affect how you felt about disabilities?

6. During adolescence, were your friends primarily disabled, nondisabled, or both? If you were disabled, did your peers change their attitudes/behaviors toward you at this time? What were your feelings about your own sexuality and sexual relations?

7. During adolescence, how did you experience your own disabled or able-bodied identity? How has that changed?

8. Think across your life, about a time when someone close to you became very ill or disabled. What were your fears? What didn't you want to admit?

However, depending on the interests of the group, some of these questions, e.g., 5, 6, and 7, will only yield a discussion on disability if some of the group members are disabled.

- Questions 9 and 10 deal with adult experiences and attitudes toward disability and toward people with disabilities.

9. As an adult, do your friendships differ depending upon whether your friends have a disability or not? Are there tensions in those relationships in which one of you has a disability and the other doesn't?

10. As an adult, what do you tell children about issues of disability? How can you help them deal with their own disability or the disability of others? What fears do you have in discussing these issues with children?

Question 9 deals with current friendships between disabled and nondisabled people; if the participants have had limited experience with such relationships, friendships might be expanded to include colleagues, acquaintances, relatives, or others. For those groups where participants are actively involved with children, e.g., teachers, parents, scout leaders, Question 10 can effectively draw upon the participants' experiences.

Connections Questions

- These questions are designed to draw parallels and foster integration between the issues of women with disabilities and feminist or other relevant political issues in the participants' lives.

- Questions 1 and 2 give participants the opportunity to draw upon both personal experiences and political beliefs and hence can be a particularly effective transition from the personal discussion elicited from questions in the first section.

1. Through consciousness-raising, a number of concerns emerge common to the struggles of women, disabled and nondisabled. Consider how the following issues affect you and are affected by gender and disability:

- Independence and dependence
- Conflicts about economic dependence on families and/or men
- Ability to ask for help
- Emotional reliance on others
- Physical protection
- Physical beauty and media standards.

2. Do you assume that disabled and nondisabled women hold different values about sexuality, physical attractiveness, attitudes toward feminism, friendships with men and women, work, and childrearing? If so, why?

- Questions 3 and 4 tend to elicit a less personal response, if that is desired.

3. Often, disabled and nondisabled women are hesitant to confront each other on their feminist/disability politics. Is this true for you? If so, why?

4. Can you think of ways in which feminist organizations have failed to take into account the life experiences of women with disabilities? What would be different if the experiences of women with disabilities were better integrated into a feminist politic?

• Question 5 seeks to orient the participants toward action aimed at organizational change.

5. (a) How could a nondisability, political group, such as a women's organization or an education group, integrate disability into its politics and its membership? For example, networking efforts, language used in printed materials, accessibility for people who are visually impaired and blind, accessible meeting sites, interpreters and other support services, transportation, educational programs on disability, coalitions with disability rights groups?
5. (b) How could a disability-related group integrate feminist concerns into its organization? For example, dealing with sexism in the rehabilitation and special education systems, the treatment of women with disabilities by health professionals, accessibility of facilities for women, such as battered women's shelters and rape crisis centers, sex-role stereotyping of women who are disabled within the disability rights movement itself.

Since action is one of the desired outcomes of the discussion groups and the workshop as a whole, if time and group needs do not permit a full discussion of this question, the leader should encourage a brief consideration of aspects of this question toward the end of the group and/or it should be raised in the Report Back and Summary.

• While it is strongly recommended that one question from this section be used, if the group shows particular difficulty in handling the discussion of the question offered from the Personal Experiences section, it may be preferable to offer a second question from this same section

rather than moving on to Connections. Dealing with Connections requires a certain degree of awareness and comfort with one's own attitudes toward disability.

Report Back and Summary (30 minutes)

After the small group discussions are completed, participants come together again as a large group. Invite the volunteer recorder from each group to report on the major themes that emerged in her group. Then highlight some of the themes common across groups, including:

- The broad range of feelings that participants have toward disability—fear, anxiety, confusion, anger, familiarity, comfort, and so on.

- The fact that feelings and attitudes develop early—through comments and omissions on the part of parents, siblings, other relatives, teachers, friends, and others.

- The fact that disability is not a foreign experience—many participants have or have had relatives, neighbors, classmates, or acquaintances who are disabled, often without consciously thinking about them as disabled.

- The fact that many of the issues facing women with disabilities are similar to those facing all women—issues about relationships, independence, physical attractiveness, sexuality, competence, and the like.

- Possible strategies to integrate the issues of women with disabilities into the organizations and movements in which the participants are involved. If strategies have not been discussed within the small groups, there should be a brief discussion in the large group. Action Strategy hand-outs can be distributed to facilitate this discussion (See Workshop Materials section).

These common themes should review the workshop's objectives and the activities used to achieve them. The leader(s) should seek verbal feedback from the participants (and possibly written feedback through an evaluation form) and offer relevant hand-outs to all participants.

Variations in Format

During the pilot-testing of the Women and Disability Awareness Project, several variations of the basic format also were developed. The C-R questions, however, were always at the core. Initially, the questions were developed for use with ongoing groups to help explore the parallel concerns that connect disabled and nondisabled women's lives. They explore such issues as independence and dependence, physical attractiveness, sexuality, friendships with women and men, work, childrearing, and attitudes toward feminism. In an ongoing group, participants can begin with the questions about childhood and

adolescent experiences, move on to adult attitudes, and then pursue questions that address relevant political issues.

In a shorter presentation, for example, a one and one-half hour conference/workshop, you might begin with introductions and follow with the definition of disability. There probably would not be time for the warm-up activity. This would leave approximately one hour for a discussion of one or two of the C-R questions and a summary. Depending on the number of participants, i.e., 15 or fewer, a whole group discussion of the questions would be more beneficial than forming small groups.

Workshop Materials

NOTABLE WOMEN WITH DISABILITIES — BIOGRAPHICAL SKETCHES

Jane Addams: Founder of the American settlement house movement and co-recipient of the Nobel Peace Prize in 1931. Addams had a congenital spine defect.

Alicia Alonso: The founder of the Ballet Nacional de Cuba. After a series of eye surgeries, she was almost totally blind. She continued to dance and to teach dancing and is acclaimed today as one of the world's foremost prima ballerinas.

Sarah Bernhardt: A world-renowned actor in the late nineteenth and early-twentieth century. After having one leg amputated, she used a wooden prosthesis and always wore long dresses to hide it from the public.

Laura Bridgeman: A nineteenth century woman who was deaf, mute, and blind. She was the first such woman ever to be educated in a school (Perkins Institute for the Blind in Boston).

Linda Down: The first woman on crutches ever to complete the New York City Marathon (1982). She was named Athlete of the Year by the United Cerebral Palsy Association and NBC's "Sports Journal."

Sandy Duncan: Contemporary stage and television actor. She is widely known for her performance as Peter Pan on Broadway. A visual disability has resulted in her using an artificial eye.

Nanette Fabray: An actor and musical comedy star who is hearing-impaired.

Judy Heumann: A modern leader of the disability rights movement. She was denied a teaching

license, fought the decision, and became the first person with polio to be awarded a teaching credential in New York City.

Rosalie Hixson: Outstanding wheelchair athlete. Hixson, who is paraplegic, was named outstanding athlete of the first Pan American Games.

Dorothea Lange: A world-famous twentieth-century photographer who was mildly disabled by polio.

Helen Keller: World-renowned lecturer, author, and educator who was blind and deaf.

Audre Lorde: An acclaimed contemporary poet who has cancer.

Mary Tyler Moore: A well-known contemporary actor who is diabetic.

Kitty O'Neil: A famous race car driver and Hollywood stunt woman who is deaf.

Wilma G. Rudolph: A 1960 Olympic Gold Medal winner. A runner who had polio as a child, she won three medals for the 100, 200, and 400 meter races.

Harriet Tubman: A fugitive slave and conductor on the Underground Railroad, which brought other slaves to freedom. She also promoted the establishment of schools for freed slaves, began a home for the aged, and participated in the movement for woman suffrage. She is reported to have had "fainting spells" and is now believed to have had epilepsy.

CONSCIOUSNESS-RAISING QUESTIONS ON WOMEN AND DISABILITY

These questions are arranged in two sections: Personal Experiences and Connections with Disability. The questions are phrased so that they "fit" for anyone's life—a woman with a disability or a woman with no disability. As a consequence, the "fit" may be less than perfect for any particular individual. You should feel free to adapt the questions as needed.

Personal Experiences

1. As a child, when were you first aware that some people have disabilities? Recall a specific incident. How did you feel?
2. What kind of contact did you have with people with disabilities? Were they adults, children, playmates, schoolmates, hospitalmates?
3. What attitudes about disability did you pick up in your schools? What attitudes did you pick up in your family? Were the messages different for females who were disabled and males who were disabled?
4. Can you recall your first experience with negative attitudes toward people with disabilities? How did these attitudes make you feel toward people with disabilities? About yourself?
5. During your childhood and adolescence, how did you feel about your body, about how you looked, and your physical abilities? Did this affect how you felt about disabilities?
6. During adolescence, were your friends primarily disabled, nondisabled, or both? If you were disabled, did your peers change their attitudes/behaviors toward you at this time? What were your feelings about your own sexuality and sexual relations?
7. During adolescence, how did you experience your own disabled or able-bodied identity? How has that changed?
8. Think across your life, about a time when someone close to you became very ill or disabled. What were your fears? What didn't you want to admit?
9. As an adult, do your friendships differ depending upon whether your friends have a disability or not? Are there tensions in those relationships in which one of you has a disability and the other doesn't?
10. As an adult, what do you tell children about issues of disability? How can you help them deal

with their own disability or the disability of others? What fears do you have in discussing these issues with children?

Connections with Disability: Politics and Relationships

1. Through consciousness-raising, a number of concerns emerge common to the struggles of women, disabled and nondisabled. Consider how the following issues affect you and are affected by gender and disability:

Independence and dependence

Conflicts about economic dependence on families and/or men

Ability to ask for help

Emotional reliance on others

Physical protection

Physical beauty and media standards.

2. Do you assume that disabled and nondisabled women hold different values about sexuality, physical attractiveness, attitudes toward feminism, friendships with men and women, work, and childrearing? If so, why?
3. Often, disabled and nondisabled women are hesitant to confront each other on their feminist/disability politics. Is this true for you? If so, why?
4. Can you think of ways in which feminist organizations have failed to take into account the life experiences of women with disabilities? What would be different if the experiences of women with disabilities were better integrated into a feminist politic?
5. (a) How could a nondisability, political group, such as a women's organization or an education group, integrate disability into its politics and its membership? For example, networking efforts, language used in printed materials, accessibility for people who are visually impaired and blind, accessible meeting sites, interpreters and other support services, transportation, educational programs on disability, coalitions with disability rights groups?
5. (b) How could a disability-related group integrate feminist concerns into its organization? For example, dealing with sexism in the rehabilitation and special education systems, the treatment of women with disabilities by health professionals, accessibility of facilities for women, such as battered women's shelters and rape crisis centers, sex-role stereotyping of women who are disabled within the disability rights movement itself.

The Women and Disability Awareness Project,
Educational Equity Concepts, Inc., 440 Park Avenue
South, New York, NY 10016. 1984.

ACTION STRATEGIES: CONSIDERING WOMEN WITH DISABILITIES IN ORGANIZATIONAL CHANGE

Oftentimes, during the pilot-testing of this manual, political, educational and service organizations developed ideas for policies and practices that were sensitive to the needs and desires of women with disabilities. Below are a few of the changes that emerged. You are encouraged to think creatively about how your political, educational and service organizations could be modified to incorporate more fully the lives of girls and women with disabilities.

- A battered women's shelter now advertises its facilities as wheelchair accessible, and has contracted with an interpreter to be available for women who are deaf.
- A rape crisis center now has materials available in braille. It has trained volunteers to *not* allow professionals to ignore the rape victim and converse with the volunteer instead. Volunteers also are trained to empower all rape survivors, including women with disabilities, in emergency room and courtroom settings.
- A reproductive rights group has established a Task Force to deal with disability rights in terms of modifying abortion literature that previously described the "tragedy of the defective fetus" as the reason *par excellence* for an abortion. The Task Force also is investigating the incidence of sterilization abuse in institutions, and considering recommendations for how genetics counselors

and abortion counselors should introduce disability rights information to potential parents who have gone through amniocentesis or other genetic testing procedures.

- A group of educators is involved in refining elementary school curriculum to include disability as a content area when discussing civil rights and amending materials to include positive role models of children and adults with disabilities.
- A psychology of women course infuses materials on women with disabilities throughout the semester, so that discussions of domestic violence, rape, physical attractiveness, sexuality and relations with mother all include materials on and by women with disabilities.
- Planned Parenthood of New York City's Margaret Sanger Center, one of the world's largest reproductive health centers, is equipped to serve women and men with disabilities.
- The "New York Women's Guide to Reproductive Health Care," published by Planned Parenthood of New York City in 1984, includes information about the accessibility of the centers.
- The New York Council for the Humanities, a not-for-profit organization that makes awards for projects that bring together humanities scholars and public audiences, suggests that all grantees hold their functions in wheelchair accessible facilities and provide sign language interpreters.

Resources

ANNOTATED BIBLIOGRAPHY

Books, Articles, and Pamphlets

This bibliography includes citations for materials that are fiction and nonfiction, appropriate for scholarly and lay audiences, who may be adolescent or adult. Articles, books, pamphlets, and journals are used that integrate the concerns represented throughout this manual—the concerns that connect the issues of women and disability.

Asch, Adrienne, and Fine, Michelle. *Disabled Women: Psychology from the Margins*. Philadelphia: Temple University Press, forthcoming. An interdisciplinary set of manuscripts that explore the lives and experiences of women with disabilities from a feminist perspective. The essays combine ethnographic research, policy studies, and in-depth interviews about a range of topics spanning girl-mother relations, sexuality and the adolescent, "bonding" by mothers who are blind, the impact of cancer at midlife, and the never married older disabled woman.

Asch, Adrienne, and Sacks, Lawrence. "Lives Without, Lives Within: Autobiographies of Blind Women and Men," *Journal of Visual Impairment and Blindness*, Vol. 77, No. 6, June 1983. Examines the autobiographies of 25 women and men who are blind and assesses the influence of gender upon disability. Discusses how the authors' lives exemplify the roles of "ideal" woman or man and person with a disability in society and how their views about themselves and the world compare with those of other marginal people who have revealed themselves in autobiographical form. (Available on cassette from the American Foundation for the Blind.)

Barnard College Office for Disabled Students. *Access to Equity: A Resource Manual for College Women with Disabilities*. 606 W. 120 St., New York, NY 10027. Information and materials directed at equalizing educational opportunities for college women with disabilities. Suggestions for curricula on assertiveness training, sexuality, self-defense, employment, and other subjects of concern. Glossary of handicapist language and nonhandicapist alternatives are included. Scheduled to be published in 1986

through a grant from the Women's Educational Equity Act Program, U. S. Department of Education.

Barnes, Ellen, Berrigan, Carol, and Biklen, Douglas. *What's the Difference? Teaching Positive Attitudes Toward People with Disabilities*. Syracuse: Human Policy Press, P.O. Box 127, NY 13210, 1978. This book of teaching activities for the elementary and secondary classroom includes excellent background information to help the teacher who is introducing the subject of disability—both general advice and very specific information on different kinds of disabilities. The 94 teaching activities included are clearly presented and suggest a large variety of approaches. The book also includes a good list of resources. Although not specifically focusing on women and girls with disabilities, the book is consciously nonsexist and nonracist.

Bowe, Frank. *Rehabilitating America: Toward Independence for Disabled and Elderly People*. New York: Harper and Row, 1980. An excellent discussion of disability from a civil rights perspective showing that the nation as a whole would benefit from creating an environment that would include rather than exclude people with disabilities. Discusses the current situation of people with disabilities regarding technology, barrier removal, transportation, education, and employment and provides a blueprint of what must be done and how to do it to fulfill the promise of a truly inclusive society. (Available on cassette from Recording for the Blind.)

Bullard, David, and Knight, Susan. *Sexuality and Physical Disability: Personal Perspectives*. St. Louis: C.V. Mosby, 1981. Men and women with a wide range of disabilities—physical, sensory, visible, and not-so-visible—speak about the psychological and social ramifications of disability or perceived disability for their sexuality. Also includes discussions by professionals in the areas of sexual counseling for people who are disabled. (Available on cassette from Recording for the Blind.)

Carrillo, Ann Cupolo, Corbett, Katherine, and Lewis, Victoria. *No More Stares*. Disability Rights Education and Defense Fund, Inc., 2032

San Pablo Ave., Berkeley, CA 94702, 1982. Readers of *No More Stares* will become acquainted—through photographs and brief personal accounts—with more than 100 women and girls with disabilities. The book is a highly successful attempt to shatter stereotypes by depicting women and girls who are disabled on the job, at home, in school, and participating in sports—with children, colleagues, friends, and family. The book gives equal space to words and pictures and will be of interest to children and adults of all ages. This outstanding volume also includes an invaluable 22-page annotated resource list. (Available on cassette from DREDF. Also available is a *Bibliography on Disabled Women and Girls*.)

Campling, Jo. *Images of Ourselves: Women with Disabilities Talking*. Boston: Routledge & Kegan Paul, 1981. Campling presents the stories through the words of women with disabilities. The women differ in age, disabilities, politics, and lifestyles. The stories are rich and compelling. (Available on cassette from Recording for the Blind.) A companion film also is available.

Corbett, Katherine and Froschl, Merle, with Jennifer Luna Bregante and Leslie Levy. "Access to the Future: Serving Disabled Young Women. In *The Second Mile: Contemporary Approaches in Counseling Young Women*, edited by Sue Davidson. Tucson, AZ: New Directions for Young Women, 1983. This article documents the double discrimination experienced by women with disabilities—tripled if they are women of color—and analyzes sex bias and stereotyping as these affect services for female youth who are disabled. Major issues discussed are role models, education, independence, work, and interpersonal relationships. The authors outline sound and positive strategies for change.

Deegan, Mary Jo, and Brooks, Nancy, eds. *Women and Disability: The Double Handicap*. New Brunswick: Transaction Books, Department 2510, Rutgers University, NJ 08903, 1984. This set of essays reviews the economic, social, and psychological conditions of women with disa-

bilities through a number of literature reviews, case studies, and empirical analyses. Updated from the *Journal of Sociology and Social Welfare*, July 1981, special volume on women with disabilities.

Duffy, Yvonne. *All Things Are Possible*. Ann Arbor, MI: Garvin Associates, 1981. The "Hite Report" of women with orthopedic disabilities. Seventy-seven heterosexual and lesbian women with a variety of orthopedic impairments report on their sexual attitudes, feelings, and experiences. (Available from Recording for the Blind.)

Ferreira, Susan, and Hughes, Katrine. *Table Manners: A Guide to the Pelvic Examination for Disabled Women and Health Care Providers*. Available from Planned Parenthood, Alameda/SF, 477 Fifteenth St., Oakland, CA 94612. Brief set of instructions that a woman with a disability can offer to make her gynecological examination more comfortable and responsive to her needs. Particularly sensitive to the differential needs of women with different kinds of disabilities.

Finger, Anne. "Claiming All of Our Bodies: Reproductive Rights and Disability." In *Test-Tube Women: What Future for Motherhood?* edited by Rita Arditti, Renate Duelli Klein, and Shelley Minden. Boston: Routledge & Kegan Paul, 1984. Finger traces compulsory sterilization laws as they affected women with disabilities and relates these laws to contemporary controversies about the rights to treatment of infants and children who are severely disabled.

Frank, Geyla. *Venus on Wheels: The Life History of a Congenital Amputee*. Doctoral Dissertation in Anthropology, UCLA, 1981. Beautiful and eloquent manuscript about Frank's relationship with Diane Fields, a woman who is severely disabled and agreed to be Frank's "informant" in a life history. Frank spends much time describing her own, nondisabled reaction to Diane Fields and to the research relationship.

Gliedman, John, and Roth, William. *The Unexpected Minority: Handicapped Children in America*. San Diego, CA: Harcourt, Brace,

Jovanovich, 1980. By conceiving of people with disabilities as sick and deviant, the social sciences and government have relegated them to second-class status. This book provides many stimulating ideas for research and action for psychologists, educators, employers, and policymakers, which flow from their alternate, civil rights, view of people with disabilities. (Available on cassette from Recording for the Blind.)

Greenberg, Joanne. *In This Sign*. New York: Holt, Rinehart & Winston, 1970. This powerful novel traces the lives of a couple who is deaf from young adulthood to the wife's retirement from seamstress work. The book shows how their experience of deafness was influenced by their family life, education, poverty, and their status under law and in a hearing society. We also learn of the impact of their deafness on their daughter and grandchildren. (Available on cassette from Recording for the Blind.)

Hathaway, Katherine Butler. *The Little Locksmith*. New York: Coward-McCann, 1942. *Journals and Letters of the Little Locksmith*. New York: Coward-McCann, 1946. These two books comprise the autobiography, journals, and letters of a sensitive writer growing up in New England at the turn of the century. Katherine had a disability that kept her in bed from age five to fifteen and left her with a curved spine and noticeably different body. These books are not of the "courage-conquers-all" variety; rather they portray honestly how a reflective, talented, and sensual woman made sense of her differentness. The reader learns of her family, friends, adventures, loves, loneliness, and joys. These books are out of print, but the first is readily found in secondhand bookstores. (Both are available on cassette from Recording for the Blind.)

Journal of Visual Impairment and Blindness, Vol. 77, No. 6, June 1983. Special issue on women who are blind and visually impaired. This issue poses the question of what, if anything, being blind and being a woman have to do with one another. The authors, most of whom are women who are blind and visually impaired, consider

such topics as adolescence, socialization, sexuality, self-esteem, achievement, rehabilitation, and employment.

Kennedy, Margaret. *Not in the Calendar*. New York: Macmillan, 1964. Perhaps the most beautiful and haunting work of fiction in which a woman with a disability has an important role. Set in England, this novel traces the lives and friendship of two women—one deaf and one hearing—from the 1880s to the late 1930s. It is about far more than disability or than being a woman in a certain period of history. It will repay several readings. This book is now out of print and hard to find but worth considerable effort to track down. (Available in braille from National Library Service for the Blind and Physically Handicapped.)

Kent, Deborah. *Belonging*. New York: Dial, 1978. In this story for junior high school readers, a girl who is blind struggles to find her place in a suburban high school where she is the first and only student with a disability. This book has been a favorite with many adolescents and adults with and without disabilities who have read it, for it recalls vividly the difficulties encountered in trying to establish a genuine sense of belonging. (Available in braille and as a talking book from National Library Service for the Blind and Physically Handicapped.)

Langer, Nancy. "Different Abilities, the Same Queer Pleasures," *Gay Community News*, Vol. II, No. 21, December 10, 1983, *Sex and disability issue*. Through interviews with a number of lesbians and gay men who are disabled, Langer describes the sexual experiences and needs that are particular to people with "different abilities, and the same queer pleasures." She describes ignorance, terror, shame, intimacy, exploration, and pleasure through the words and stories of men and women with disabilities.

Lorde, Audre. *The Cancer Journals*. San Francisco, CA: Spinster, Ink., 1980. Lorde chronicles her personal response to breast cancer, a mastectomy, and to the hospital personnel and feminist community as they reacted to her. She describes how, in rejecting a prosthetic device, a nurse warned her, "that even if it didn't look

exactly right, it was 'better than nothing.' . . . You will feel so much better with it on. . . . And besides, we really like you to wear something, at least when you come in. Otherwise it's bad for the morale of the office." Reflections by a Black feminist lesbian on cancer and social reactions. (Available on cassette from Recording for the Blind.)

Matthis, Sharon Bell. *Listen for the Fig Tree*. New York: Dutton, 1974. One week in the life of a 16-year-old Black girl who is blind. This book is considered by many to be among the best books for young people featuring a character who is disabled. This young woman is preoccupied with her father's murder the year before, her mother's slow decline into mental illness, her relationships with friends and boyfriend, and the Quanza ceremony she attends and its influence on her sense of identity as a Black person. (Available in braille and as a talking book from National Library Service for the Blind and Physically Handicapped.)

Melling, Louise. "Wife Abuse in the Deaf Community," *Response to Violence in the Family and Sexual Assault*, January/February 1984, p. 1. Review of available statistics on the incidence of wife abuse within the deaf community and comments on why reporting rates are extremely low, e.g., isolation of women who are deaf, conservative conceptions of family and gender roles that characterize the deaf community, and inaccessible battered women's shelters.

Mitchell, Joyce Slayton. *See Me More Clearly: Career and Life Planning for Teens with Disabilities*. New York: Harcourt Brace Jovanovich, 1980. A useful guide to thinking about and planning for a career. Tips for adolescents with disabilities on dealing with teachers and counselors who may be unsympathetic or naive about disability issues.

Mudrick, Nancy. "Disabled Women," *Transaction/Society*, May/June 1983. An empirical analysis of how income transfer programs disadvantage women with disabilities compared to men with disabilities. The sexist assumptions on which these programs rest are ex-

plored, and their negative consequences for women examined.

Off Our Backs, May 1981, Vol. 11, No. 5, Special issue: Women with Disabilities. Includes articles on the disabled lesbian alliance, problems of invisibility, lesbian illness support groups, "one reason why able-bodied women avoid disabled-bodied women," personal stories by women with disabilities, and much more. (Available from Off Our Backs, 1724 20 Street NW, Washington, D.C. 20009. Available on tape from Womyn's Braille Press, P.O. Box 8475, Minneapolis, MN 55408.)

O'Toole, Corbett, and Weeks, CeCe. *What Happens After School? A Study of Disabled Women and Education*. Women's Educational Equity Communication Network, 1978. Through interviews with six women, the authors illuminate the educational and work experiences of women with disabilities. Additional chapters on early experiences with school and family, high school, college years, work, and summary and suggestions for educators and parents. Detailed resource list on legal rights of people with disabilities; useful for teachers and activists. (Available from ERIC Document Reproduction Service, 3030 North Fairfax Drive, Arlington, VA 22201.)

Pearlman, Leonard and Arneson, Kathaleen. *Women and Rehabilitation of Disabled Persons*, May 1982. A Report of the Sixth Mary E. Switzer Memorial Seminar, National Rehabilitation Association, 633 South Washington St., Alexandria, VA 22314. This report includes five chapters on women and rehabilitation, including "Women and Employment" (Carolyn Vash), "Disabled Women and Access to Benefits and Services" (Martha Carrick and Tamara Bibb), "Women as Members of Special Populations in Rehabilitation" (Bobbie Atkins), "Women as Leaders in the Field of Rehabilitation" (Joan Thompson Barker), and "Women and International Rehabilitation" (Denise Tate.)

Phillips, Elizabeth. *Equality Intropacket: Women and Girls with Disabilities*. Organization for Equal Education of the Sexes, Inc., 744 Carroll

St., Brooklyn, NY 11215. An outstanding and comprehensive packet of materials, most appropriate for educators interested in changing attitudes and curricula around issues of disability and gender. Complete with resource list and bibliographies for children, adolescents, and adults.

Rehabilitation World, Vol. 7, No. 4, Winter 1983-1984, Special edition on women with disabilities. Includes: "Ruth's Song (Because She Could Not Sing It)," (Gloria Steinem)—beautiful analysis of life with a mother who is emotionally disabled, "Women and Disability: An International Perspective" (Valerie Ellien), "Disabled Women in Columbia" (Valerie May Townsend), "After Two Years, the Mary Switzer Seminar on Women and Rehabilitation" (Kathaleen Arneson), "Women, Disability Cannot Change Their Human Needs" (Julita Benedicto), "Disabled Women in Developing Nations" (Robert Ruffner), and "Women in Rehabilitation" (Eunice Fiorito and Jim Doherty).

Rubin, Nancy, and Boden, Ricki. "Counseling Disabled Lesbians," *Catalyst: A Socialist Journal of the Social Services*, December 1981. Available from Catalyst, P.O. Box 1144, Cathedral Station, NY 10025. A provocative article that reviews psychological and social issues that emerge for lesbians with disabilities who are dealing with mothers, fathers, lovers, friends, and self. Written by two therapists who have run groups with lesbians who are disabled, this is one of the few articles available on the subject.

Seattle Rape Relief, Developmental Disabilities Project. *Sexual Exploitation of Individuals Who are Handicapped*. 1825 South Jackson, Suite 102, Seattle, WA 98144. Review of the literature on sexual exploitation of disabled individuals, and reporting of data collected by the Seattle Rape Relief Center and an agency in St. Paul, Minnesota, on the incidence and experience of sexual exploitation of individuals who are disabled. Useful materials available for educational curriculum and general use in public education.

Periodicals

Below, two major disability publications are described. While literally hundreds of journals, newsletters, and magazines relevant to disability are published regularly, these two are highlighted because each is truly unique. The first, the *Disability and Chronic Disease Quarterly*, offers a most comprehensive review of relevant literature, grants, research, findings, and conferences for academic and practitioner audiences interested in the broad field of disability. The second publication, *The Disability Rag*, is a new, progressive paper that deals with the complexities of disability politics.

Disability and Chronic Disease Quarterly. Many people are realizing that understanding disability, like understanding women, requires an interdisciplinary approach. This newsletter provides a wealth of information about research, recent books and films, grants, jobs, and courses in the emerging field of what is being called disability studies. Disciplines represented include all social sciences, law, and humanities. Published by Dr. Irving Zola, Department of Sociology, Brandeis University, Waltham, MA 02154. (Available on cassette from Recorded Psychological Journals, 5196 Benito St., Suite 9, Montclair, CA 91763.)

The Disability Rag. Monthly periodical with a progressive slant on disability issues. Includes information on grassroots actions for change throughout the nation. A good magazine for would-be activists and knowledgeable people in disability rights; of, by, and for the committed. (Available in reprint and on tape from Advocado Press, P.O. Box 145, Louisville, KY 40201.)

The Women and Disability Awareness Project, Educational Equity Concepts, Inc., 440 Park Avenue South, New York, NY 10016. 1984.

MEMBERS OF THE WOMEN AND DISABILITY AWARENESS PROJECT*

Adrienne Asch is a senior Human Rights Specialist for the New York State Division of Human Rights. In addition, she is an Adjunct Assistant Professor at Barnard College, Columbia University, and a psychotherapist in private practice. Ms. Asch has earned a Master of Science degree from the Columbia University School of Social Work and is a Candidate for a Doctorate in Social Psychology at Teachers College, Columbia University. She is a member of the National Federation of the Blind and the Consumer Advisory Committee of Recording for the Blind and is a Board Member of the Association of Mental Health Practitioners With Disabilities. Ms. Asch has written and co-authored several articles on issues of women and disability and human service needs in the workplace. She is co-editor, with Michelle Fine, of *Disabled Women: Psychology from the Margins* to be published jointly by the Women's Studies and Disability divisions of Temple University Press.

Michelle Fine is an Assistant Professor of Psychology and Education at the University of Pennsylvania. She also is a consultant and provides human relations training on issues relating to adolescent women, reproductive rights, and workers with disabilities. Dr. Fine holds a Master of Arts in Psychology, a Master of Philosophy in Psychology, and a Ph.D. in Social Psychology from Teachers College, Columbia University. She is a member of the American Psychological Association, Association of Women in Psychology, Evaluation Research Society, and other professional organizations. Dr. Fine is co-editor, with Adrienne Asch, of *Disabled Women: Psychology from the Margins* and co-author, with Leonard Saxe, of *Social Experiments: Methods for Design and Evaluation*. She also has published widely in journals such as *Public Opinion Quarterly*, *Journal of Sociology and Social Welfare*, and *Social Work* and has presented more than twenty-five papers at professional conferences since 1978.

Merle Froschl is Co-Director of Educational Equity Concepts, Inc., a national, nonprofit organization she co-founded in 1982. From 1980-1982, Ms. Froschl was Director of the Non-Sexist Child Development Project where, as Director of Project R.E.E.D. (Resources on Educational Equity for the Disabled), she was one of the coordinators for "Access to Equality: The First National Conference on Educational Equity for Disabled Women and Girls." From 1973-1979, Ms. Froschl was Director of Education Services at the Feminist Press, where she was the editor of the second edition of *Feminist Resources for Schools and Colleges: A Guide to Curricular Materials*. She also was Field-

Testing Director of the *Women's Lives/Women's Work Series*. Ms. Froschl has a Bachelor of Arts degree in Journalism from Syracuse University and has written extensively on issues of educational equity for professional journals and the popular press. She has conducted inservice training, given workshop presentations and has lectured widely at conferences and professional meetings for more than a dozen years.

Elizabeth Phillips, a graduate of Denison University, is a candidate for a Master of Science Degree at the Bank Street College of Education and a first-grade teacher at the Woodward Park School in Brooklyn, New York. Formerly, she was an editor of *TABS: Aids for Ending Sexism in School*, a quarterly newsletter for K-12 educators, published by the Organization for Equal Education of the Sexes. While at TABS, she wrote curriculum packets on Women's History and Women and Disability for elementary and secondary school students. From 1976-1980, she was Executive Editor of the Feminist Press, where she was responsible for editorial development and acquisitions and worked as an editor of the "Women's Lives/Women's Work" Series. Ms. Phillips has given workshops and presentations on women's issues at colleges and universities including Hunter College, Rutgers University, and the City University of New York (CUNY).

Susan E. Quinby is Associate Director of the Office for Disabled Students at Barnard College, Columbia University, where she helps to coordinate existing on-campus services to assure the full participation of students with disabilities in the life of the college. Prior to her work at Barnard, Ms. Quinby was a Senior Program Coordinator at the Sex Desegregation Assistance Center, Institute for Urban and Minority Education, Teachers College, Columbia University. She provided technical assistance and consultation on the implementation of Title IX to school districts and community groups throughout Federal Region II. Ms. Quinby is a graduate of Connecticut College where she earned a Bachelor of Arts degree in Child Development and Sociology and has a Master of Arts degree in Special Education from Teachers College, Columbia University. She has been a member of the Advisory Board for Project R.E.E.D. (Resources on Educational Equity for the Disabled), a member of the Planning Committee for "Access to Equality: The First National Conference on Educational Equity for Disabled Women and Girls," and is President of the Board of Directors of Educational Equity Concepts, Inc.

Carol Ann Roberson is a Vocational Rehabilitation Counselor and is Clinical Supervisor at the Institute of

*The members of the Planning Committee of the Women and Disability Awareness Project have worked together for the past two years to develop, pilot test, write, and publish *Building Community: A Manual Exploring Issues of Women and Disability*. Members of the Committee had highly demanding work schedules and participated in the project on a volunteer basis. They met after work hours, in member's homes, and remained supportive of each other and committed to the completion of the work.

Rehabilitation Medicine in New York City. She coordinates and provides direct services to adult outpatients with severe physical disabilities. Her work includes counseling, supervision of professional staff and student interns, in-house training sessions, and presentations to professional groups, counselors, parents, and consumer groups. Ms. Roberson earned a Master of Social Work degree at the New York University Graduate School of Social Work where her specialization was in group work. She is a Certified Rehabilitation Counselor, a member of the Association for Disabled Mental Health Professionals, a member of the Advisory Committee of Easter Seal Home Services, and a member of the Advisory Board of the Barnard College, Office for Disabled Students.

Harilyn Rousso is Director of the Networking Project for Disabled Women and Girls at the YWCA. She also is Director of Disabilities Unlimited, a counseling and consultative agency serving people with disabilities, and a psychotherapist in private practice. Ms. Rousso is a Magna Cum Laude graduate of Brandeis University where she was elected to Phi Beta Kappa and was awarded a Woodrow Wilson Fellowship. She has a Masters in Social Work from New York University, School of Social Work and a Masters in Adult Education from Boston University. In 1984 she was awarded a certificate in psychoanalytic psychotherapy, New York School for Psychoanalytic Psychotherapy. She has written articles for professional journals such as the *Journal of Clinical Social Work* and for magazines such as *Exceptional Parent*, and has presented information on issues of disability at professional conferences.

Sandy Weinbaum is the Director of Access for Women: A Center to Promote Women in Nontraditional and Technical Education and Employment at New York City Technical College, City University of New York (CUNY). Dr. Weinbaum, an honors graduate of Smith

College and a member of Junior Phi Beta Kappa, earned a Master of Arts from Harvard University in Russian and French History, and a Ph.D. in 18th- and 19th-Century Russian History, Modern European History from Columbia University. She has taught History and Women's Studies and has been a Sex Equity Coordinator for School Districts 2 and 3 in New York City. She also was Editor and Co-Coordinator of Educational Programs at the Feminist Press, where she wrote several teaching guides for women studies texts. Dr. Weinbaum has presented numerous workshops and lectured widely on women's issues.

Sharon Wigutloff is an educational equity consultant who specializes in children's literature. She has worked for the New York City Board of Education and was the Children's Book Editor and Inservice Coordinator at the Feminist Press from 1975-1980. Ms. Wigutloff graduated from Skidmore College and has a Master of Arts degree in History from Columbia University. She is co-author, with Jeanne Bracken, of *Books for Today's Readers* and *Books for Today's Children*, annotated bibliographies of nonstereotyped books and has written numerous articles for the *Bulletin of the Council on Interracial Books for Children*, *English Journal*, and professional library publications.

Deborah Yager has been a disability rights activist for more than a decade. A graduate of the Community College of Pennsylvania, Ms. Yager has been a Program Specialist for the U. S. Department of Health and Human Services in Philadelphia, Pennsylvania, and an Equal Opportunity Program Specialist for the same Department in Washington, D.C. She was one of the convenors of the Disabled Women's Caucus at the 1977 Conference on Handicapped Individuals and is a member of the Affirmative Action Task Force of the American Friends Service Committee.

Readings

The readings reprinted here, in true consciousness-raising fashion, move from the personal to the political. They, like this manual, address disability as a personal experience, as a human relations issue, and as a political, civil rights issue.

The readings begin with three reprints that present a discussion of role models. In *Disabled Women: The Case of the Missing Role Model*, J. Corbett O'Toole writes about the profound effect that a lack of positive role models has for women and girls with disabilities. The profile from *No More Stares* is of Lois Dadzie, who became disabled at the age of five and who describes her school experiences from the

perspective of being female, Black, and disabled. The excerpts from *Images of Ourselves* present a continuum of experiences of women with disabilities from childhood through adolescence; it includes a discussion of school, work, relationships and family.

In "Disabled Women: Sexism without the Pedestal," Michelle Fine and Adrienne Asch delineate the economic, social, and psychological realities of women with disabilities. In "The Question of Disability: No Easy Answers for the Women's Movement," these same authors present their thinking on the relationship between disability rights and reproductive rights.

Disabled Women: The Case of the Missing Role Model

J. Corbett O'Toole

"In high school people judged me because of my disability and that was where I had the most problems. People didn't see me as a Puerto Rican or a woman, they saw me as a blind person."

This statement of Alice's, a Puerto Rican New Yorker, was repeated in one form or another by many disabled women I have interviewed. As disabled women the first thing people notice about us is our disability, the second thing is our race and sex. It's important for us to remember that order. As long as people view us as disabled first and women second we are boxed in by those restraints.

Being disabled and a woman is to have a double identity: sometimes a double joy, often a double burden. We as disabled women carry around all of the societal attitudes about who disabled people can and should be AND the attitudes about who women can and should be.

In my childhood I wanted to grow up to be able-bodied. I would be cured and never have polio again. Or I wanted to be a boy. My father paid my brother for his chores but not me, even though I was older, because, "You're a girl and you're supposed to do housework." Boys could grow up and be important, even if they were disabled. There was Franklin Roosevelt, Beethoven, Ironside, and all those athletes making miraculous recoveries. But there was no one that I could be, except maybe Helen Keller. "When educators tried to help me," a blind woman recalls, "they would always compare me to Helen Keller. I never heard of anyone else. They never talked about real people."

ROLE MODELS

There is a lack of positive role models for disabled people, particularly disabled women. Granted that this situation exists for other oppressed minorities, at least blacks and chicanos often grow up in neighborhoods with

people of their own color and culture. We as disabled people don't have that opportunity. Nearly all of us grew up in non-disabled families so that we're the only one in our families and neighborhoods quite like us. Often special schools or institutions become our communities. But they are a mixed blessing: they give us contact with other people with our type of disability, but since the staff is able-bodied, we see no disabled people who are independent, out on their own, working and feeling good about themselves.

This has a profound effect on disabled girls. A deaf woman says, "I never knew what would happen when I left school. It scared me. I used to believe that when I graduated I'd die or live with my family forever. That was because I'd never met a deaf woman."

What happens to the disabled girl who turns to the traditional models for women in society at large? These roles—mother, housewife, factory or office worker, sex-symbol—don't offer that many choices to non-disabled women, much less disabled women.

When a disabled woman tries to fulfill any one of these roles she meets incredible resistance. A quick look at disabled mothers demonstrates this. In the past few years a number of disabled women have been taken to court to prove that they can adequately care for their children. This action is often initiated by people completely outside the family unit, such as neighbors. These people cannot imagine how a blind, deaf, retarded or physically disabled person can possibly care for their children. And we have to go to the courts to prove that we can. This often results in humiliating "show and tell," where the mother must diaper the baby in open court, before being allowed to take the child home again.

So what's left? We can't become adults, because with few exceptions (success stories) dis-

abled people, especially disabled women, don't grow up. We can't be women because "true women" are able-bodied. The most prevalent social message is that we stay home, nicely protected, the eternal child. I long ago tired of being treated as a child. My place is in the world with everyone else.

To do that I need what every person needs: adequate housing, employment, transportation, access to needed services, and social relationships. As disabled people some of this is hard to get and as disabled women it's even harder.

HOUSING

Home is our shelter from the world, our island and sometimes our prison. In order for a disabled person to avoid the latter possibility, the housing must be accessible according to the disability. For some that might mean a location near public transportation, for others, a ground floor entrance. But whatever your needs, first you must find it and then convince a landlord to rent to you.

To be a shelter it must be safe. Disabled people are victims of more violence than the general population. I know this, all disabled people know this, but I can't prove it to you with facts and figures. We don't report it to the police or tell our families or social workers. I think that's partly because we don't want people trying (and succeeding) to put us back into more restrictive environments. While this is true for all disabled people, the problem is intensified for disabled women because of the prevalence of sexual assault in our society. Housing is essential—safe housing.

EMPLOYMENT

If we have safe independent housing, we need a job to pay for it and to provide for more nebulous qualities like self-esteem. Disabled people have very limited opportunities to work. The so-called 'sheltered workshops,' where disabled people often make less than federal minimum wage, can only serve a limited

number of people. They usually offer no training that will help us succeed in the non-disabled workforce, and have very little ability to place workers outside the workshop itself.

Education has provided some of us with an entrance into the workforce. This number is growing as colleges become more accessible to disabled students. But for the vast majority of us, SSI or some other form of assistance is the rule. On the average, the proportion of disabled people in the lowest poverty level was *twice* that of the general population (1970 census).

It is estimated that up to 76% of all disabled women are unemployed. The estimate for disabled men, while still significant, is much lower than this. Let's look at some possible reasons why. Most women still earn considerably less than men. For example, a non-disabled white woman only earns 57¢ for each dollar earned by a non-disabled white man. Many categories of jobs are still considered 'women's jobs.' These include nurses, teachers, office workers and house workers. These jobs are low-paying. This state of things has a big impact on the disabled woman who is trying to get a job.

She is trying to get a job but the employer has never thought about hiring a disabled person before, much less a disabled woman. Her VR worker knows this and tries to guide her into a pre-determined job category: a stereotyped woman's job with minor modifications. An example of this is dictaphone typist, a low-paying job with very little possibility of moving up. This is a common job category for blind women. Both your disability and your sex combine to limit your choices as well as any possibility of finding job satisfaction, true enjoyment of your work. With such restricted options, getting and keeping a job must suffice.

HEALTH CARE AND FAMILY PLANNING

As disabled people we're often seen as 'unhealthy.' Most of us are pretty healthy. We have more contact with the medical system because of circumstances relat-

ed to our disabilities, not our health. For example, we might see a doctor in order to get a prescription before we can get a wheelchair paid for or a statement certifying that we are disabled. The treatment received from the medical system is roughly the same for disabled women and men, i.e., they react to us primarily through our disability. When it comes to family planning, however, there is a difference.

Few family planning professionals have ever dealt with a disabled woman, never expected to face a disabled woman who wanted birth control, pregnancy advice, an abortion or parenting information. Most disabled women have not anticipated this either. So there they sit—the woman and the doctor, the extent of their collective ignorance frightening.

Why frightening? Let me answer with a true story. A friend of mine, a woman with epilepsy, went to see her doctor about birth control. This was a few years ago and everyone was raving about the Pill. The woman told the doctor about her epilepsy and the medication she was on to control it. He wrote this all down and then gave her a prescription for a brand of the Pill. The woman thanked him and left. She took the Pill regularly, but one day realized her period was overdue. She waited the required time, then went and got a pregnancy test, and sure enough she was pregnant. She decided to terminate the pregnancy, went on the Pill again and a few months later was pregnant again. Her epilepsy medicine and the Pill counteracted each other: she was never protected by the Pill. Her doctor had never had an epileptic client before. The woman had never talked to another epileptic woman about birth control.

Their combined lack of information resulted in this woman having unwanted pregnancies, going through the emotional trauma of dealing with that, and two abortions. That's too high a price to pay for being a pioneer in the mainstreaming of disabled people. Sadder yet, this information never got to other disabled women or family planning profession-

als. Outside of the Rehab profession this kind of information travels very slowly, mostly by word of mouth from one disabled woman to another.

On the other hand, disabled women are up against incredible resistance when they want to get pregnant. All kinds of stories and truisms are thrown at the potential mother: you know you'll have trouble carrying it full term, the child might be disabled, who will take care of the baby, etc. Full or partial hysterectomies or sterilization are offered as options to parents of adolescent disabled girls. In Berkeley last year, the parents of a newly menstruating girl with cerebral palsy took her to the local hospital for a full hysterectomy saying they didn't want to deal with it for the rest of their lives.

Another disabled woman wanted to have to have a baby. Her gynecologist presented her with numerous arguments against it. Then he suggested sterilization as a way to get off birth control. She said it sounded interesting. Three days later she was sterilized. Her non-disabled friend, who was married with three kids, had to wait 2 months, go through 3 counseling sessions, and get written approval from her husband before the doctors felt she was ready to make an informed decision. But for a disabled woman tomorrow was not a minute too soon.

...

So much has been said, and so much more needs to be said, but I leave that for the next woman. There has been a common thread running through this discussion of role models, housing, employment, and health care: **lack of information by disabled women about themselves, and by parents and professionals.** It is time now, long overdue, for people to become informed and aware of disabled women and those particular needs and issues brought about by being both disabled and women.

Communication among disabled women will speed up the needed changes. Only by talking to each other can we discover

those problems we have in common and work together to fight for change. We can be role models to each other and to disabled girls growing up now.

We can do this by making ourselves visible. Writing about our lives, our needs, can help other people understand about our experiences. That way not only will disabled women become aware and organize for change, but also disabled men and non-disabled people can work with us to fight for changes.

And just plain talking can make a lot of difference. Bringing up issues of importance to disabled women at meetings and conferences, identifying yourself as a disabled woman will make people more aware that you are both disabled and a woman.

We are disabled women. We have important things to say. We have a right to be listened to and taken seriously. We have a right to be proud to be both disabled and women.

© 1979 J. Corbett O'Toole

J. Corbett O'Toole works as the Training Specialist with the KIDS Project at the Center for Independent Living. Ms. O'Toole and CeCe Weeks have recently authored What Happens after School? A Study of Disabled Women and Education, available through WEECN (Women's Educational Equity Communications Network), 1855 Folsom Street, SF, CA 94103.

Reprinted with permission of the author.

Independent, Issue 2, 1979.

Lois Dadzie

Lois was born in the deep south. She is the youngest of six children, three brothers and two sisters, and grew up on a farm. She is the only disabled child in her family. Lois was not born disabled. She became disabled at the age of five after she was burned in an accident. While in the hospital the doctor gave her medication which caused her deafness. Here she discusses her school experiences:

All the three teachers that I had in public school passed me, not because I was really learning but because they "felt sorry for me." They felt that was the only thing they could do. That attitude was really common with black communities, especially in the South.

It was hard for me at first at the deaf school. Most of the students didn't look at me as a deaf person, they looked at me as a burn victim, and their facial expressions made me feel even worse than with the hearing students. My favorite teacher was my math teacher. He was the one who encouraged me to keep up with what I was doing. He was the one who brought the idea of college to my mind; he was the one who would tell me that someday I would be this or that. I'd say, "Huh, it's not possible," and he'd say, "Yes, you can." Sometimes he'd tell me about how hard it had been for him to go to school. He told me, "You will be the first black girl from this deaf school to go to college and come back and teach the other kids." "Well," I thought, "that's not a bad idea."

During my junior year, my class from the black deaf school was bused to the white deaf school. I felt one of the teachers there was really prejudiced because she was using the signs as though they meant "nigger" instead of "black." She thought that we blacks were ignorant. I was really furious! When I was in my senior year at the white deaf school, the teacher asked if we knew who was valedictorian. I didn't want to say anything because I

knew that she would start cursing, so someone else in the class said, "It was Lois." It was me. The teacher said, "Why, you are not supposed to be, because you have not been at this school long enough." I said nothing. My classroom teacher selected from everyone's name and grades put in together; I had the top grades.

The next week the principal came to the typing class and informed me that I had passed the Gallaudet entrance exam, the college exam. I was not shocked. I kind of expected it. I found out that I was the only one in the whole class that passed. I really felt honored to be the first black from that school to enter college.

On graduation day, my family, in-laws and relatives and friends, all came as a group to my graduation. Graduation was at the white school. I had to give a short presentation. I really felt good that day because my uncle from New York flew in, and so did my uncle from Florida. That was a really big change for me. I knew then that my people really cared about me and cared about my future.

In the summer right after I graduated from high school, I was making plans to go to college. I took the train all the way to Washington, D.C. My cousin met me there. She took me to Gallaudet and that was something really different from my high school. It was a lot of competition for me there. I really felt different compared with how I lived at the old school. There was no supervisor always watching me. I could get around anywhere on campus. I could even go off campus by myself. Before, I couldn't even go out without a supervisor going with me or someone, some adult, accompanying me. I also made a lot more friends. I joined activities. Most of my friends were black. There were very few of us and we were really close to each other because we felt like we were lost and disconnected from our own people. Every weekend

we would get together and have a party. We would go out: we really had a ball.

The teachers there were ok. They were not as understanding or as friendly as teachers had been in the black deaf school. Their attitude was, "I see you during the day, but at 5

o'clock I'm gone for the day." I also came to realize that at Gallaudet the students controlled things. At the deaf school, things were managed by the supervisors and the teachers. Also, I began to see black and white students together.

Reprinted with permission of the publisher.

Ann Cupolo Carrillo, Katherine Corbett, and Victoria Lewis. No More Stares.
Published by The Disability Rights Education and Defense Fund, Inc.,
2032 San Pablo Ave., Berkeley, California 94702, 1982, pp. 48-49.

Selected Passages from Images of Ourselves: Women With Disabilities Talking

- Pat: Everyone in life needs encouragement and needs to gain confidence in themselves...The important thing is that one is never alone and others can and do feel the same.
- Lisa: The greatest help which can be given to disabled people, like myself, is a greater public awareness of our needs to access, transport, and other aspects of daily living...We are just people who happen to use crutches or wheelchairs, but we are otherwise no different to the rest of society.
- Sarah: As the youngest child, born with a disability, I am very lucky to have a caring family. I have a particularly good relationship with the younger of my two brothers. He helped me to become more independent by fighting with me so I had to defend myself and become stronger.
- Micheline: Lying flat on my back in the garden, staring at the sky, I was thinking about growing up. Until that moment, I think I had somehow believed that when I grew up I would become "normal", i.e. without a disability..."Normal" then meant to me, like my big sister, pretty, rebellious, going out with boys, doing wonderful naughty things with them, leaving school and getting a job, leaving home, getting married, and having children.
- Pat: I was whisked away to a special boarding school for both mentally and physically handicapped girls...As far as the school was concerned, the common denominator was disability...Being females, we were not expected to amount to very much. The expectations for our future were either continuing in residential care or being a seamstress.
- Angie: I was about fourteen years old and had just finished preparing a salad in the cookery class. The teacher came over and said, "What a good job you have made of that. You would've made some good wife."
"What do you mean, I would have?" I asked. "Well," she replied, "what I meant to say was if you marry a disabled man, you would make him a good wife."
- Micheline: My three years in school with nearly one hundred young women with disabilities began a slow healing process. We laughed and cried together. We experienced illnesses and even deaths amongst us. But we felt so strong! There I realized how strong women are, especially when we have to fight to overcome something--in our case our disabilities. There I discovered what sharing meant, and accepting people's differences whether they be of color, class, religion, or experience of disability. I began to accept my differences, my uniqueness, as something to be proud of.
- Muriel: It is important for women to be able to work...I felt dreadful when I had to give up work, it was the most shattering experience I had had, because going out to work, you felt a

part of society, you were contributing, you were owning your own money...You want to be out and part of life, because life goes over very quickly...There's something that you don't get at home that you get outside at work.

Julie: Personal relationships can be difficult if you live with your parents, in a "disabled family." (I define this as a family whose existence revolves around the disabled member...My mother gave up a highly paid career to care for me, thus leaving a greater financial burden on my father. Unfortunately, state benefits and services can't bridge this financial gap.)...The situation can be frustrating if you are at the age, as I am, when you would be living independently, working and traveling.

Julie continues --Parents can be overprotective...Encounters at parties or other social functions vary, but tend to follow certain patterns. One is complete rejection, where even eye contact is impossible, because people are embarrassed or indifferent and you are written off. Another is over-enthusiasm, when you may be treated as a novelty and the fact that you are the only wheelchair guest can draw excess attention, not so much for yourself but for your situation.

Sue: I'm told I'm lucky, Ian is told how wonderful he is, I am told how wonderful he is and how lucky I am...It's great for the self-esteem...Implicit implication; he's wonderful/a saint for staying with an undesirable property like you. You (disabled) are lucky not to be alone, unwanted in an institution. No one has ever said that he is lucky (unthinkable), or he obviously stays with you because you give as much as you take. But then, of course, that's an unthinkable proposition, isn't it? After all, I'm only one of THE DISABLED.

Lynn: Most people are ignorant and don't know what real love is 'cause they've never had it. They don't know how to reach out and touch us because they're afraid we're going to kill them or hurt them or something. They don't know how to say, "Hey, you're a person too, and I understand you're mentally retarded."

Sue: I do think that if a disabled woman wants to have children, then nothing should stop her, despite the fact that some people still find this totally unacceptable.

June: No one will ever take Frank away from me. He will grow up in a happy and loving environment and will be as secure and as well-adjusted as any other child with two "able-bodied" parents. He will, however, have the advantage over other children because his sensitivity and tolerance will have been heightened by his environment and hopefully, he will learn to live life to the full and be sensitive to the plight of others.

Micheline: We are all made to feel that our role is firstly to be beautiful in a highly stereotyped way, secondly to be interesting and amusing company to men, and thirdly, good servants...My experience of finding that I was not necessarily any of those things is the experience of most women sooner or later...I have been lucky enough to discover that I am still a whole and worthwhile person and feel that all those dark years linked me

profoundly to other women, particularly those who have not only been oppressed for being women, but also have been oppressed for being "different", and have laid the foundations of a magnificent joint struggle for liberation.

Sue:

I realize that a lot of what I have said will be unpopular, or that I can be dismissed as bitter and twisted. Dismiss me if you will, as society has dismissed the feelings and protests of Blacks, Jews, gays, women for centuries. Historically it has been proven that powerless groups are not given recognition until they demand and fight for it. Likewise I am not asking for my rights and humanity to be given a place in this society, which like it or not, I belong to--I demand it.

Excerpted by the Office for Disabled Students, Barnard College, 1982.

Reprinted with permission of the publisher.

Jo Campling. Images of Ourselves: Women with Disabilities Talking.
Boston: Routledge & Kegan Paul Ltd., 1981.

Journal of Sociology and Social Welfare

DISABLED WOMEN: SEXISM WITHOUT THE PEDESTAL (#4)

Michelle Fine, Ph.D.
Columbia University

and

Adrienne Asch, S.W., ACSW
Columbia University*

ABSTRACT

The position of the disabled woman in current U.S. society deserves political, theoretical and empirical attention. In this paper we have delineated the economic, social and psychological constraints which place her at a distinct disadvantage, relative to disabled men and nondisabled women. We evaluate the ways in which having a disability is viewed as an impediment to traditional or nontraditional sex role development. The construct rolelessness is introduced, defined and examined. We conclude with recommendations for needed research and policy.

Disability strikes one in every eleven Americans. It will be argued in this paper that disability is a more severely handicapping condition for women than for men. While 47% of the 11 million disabled American adults are women, the effects of disability appear to be significantly greater for 9.9% of women than for the 10.9% of men who are classified as disabled (President's Committee on Employment for the Handicapped, US DHEW, 1978). In this paper we examine the profile of the disabled woman, propose a theoretical explanation of rolelessness imposed upon disabled women, speculate about how to fortify the roles and resources available to these women and advance policy implications for this population.

Introduction

In researching the problem of disabled women, we were confronted by a literature fraught with holes. Examining the situation of disabled women involved contrasting them economically, socially and psychologically with disabled men and with nondisabled women. Little theoretical or empirical literature was available to assist our search.

In this paper we propose, and try to substantiate, that the disabled woman in today's society fares worse than nondisabled women and disabled men. Fewer socially sanctioned roles are viewed as appropriate for her, and relevant disabled role models are virtually invisible. No doubt, disabled men too have to fight the stigmatized view of disabled people held by the nondisabled. They are nonetheless relatively advantaged in that they can observe and may aspire to the advantaged place of males in today's society. Women with disabilities are perceived as inadequate to fulfill either the economically productive roles traditionally considered appropriate

*The authors wish to acknowledge the invaluable contributions of Corinne Kirchner to this paper.

for males, or nurturant, reproductive roles reserved for females (Broverman, Vogel, Broverman, Clarkson & Rosenkrantz, 1972).

Examining the Context

The unavailability of social roles for disabled women derives from a constellation of confounding forces. The disabled woman, like the racial/ethnic minority woman, is placed at a distinct disadvantage, in this case relative to disabled men and nondisabled women (Harrison, 1977). The disadvantage, one might say, is "double" in that the disabled woman fares worse than both relevant comparison groups in economic, social and psychological terms. To understand the place of the disabled woman in U.S. society, we examine her economic, social and psychological realities.

Economic Realities

The economic realities which describe disabled women are grim--and relatively grimmer for racial/ethnic minorities within this population (Glover et al., 1979; Greenblum, 1977; Medvene & Akabas, 1979). With estimates of between 65% and 76% of disabled women unemployed, the economic status of this class can not be expected to improve in times of economic crisis (O'Toole & Weeks, 1978; Rehab Group, 1979). Disabled men more likely than women to be referred to vocational school or on-the-job training, and while 94% of disabled men who are rehabilitated receive training in wage-earning occupations, 68% of the disabled women receive the same (cf. O'Toole & Weeks, 1978).

Census department and survey data underscore the consistent themes: disabled women are more likely to be unemployed than disabled men, somewhat less likely to be college educated, earn substantially less (for vocationally rehabilitated men vs. women, the mean annual incomes are \$4188 vs. \$2744, respectively; Greenblum, 1977), and are less likely to find a job post-disability. These women who do find a job post-disability are more likely to absorb a cut in pay than disabled men, and are still more likely to live in families with incomes at or below the poverty level (Medvene & Akabas, 1979; President's Committee on Employment of the Handicapped, 1970 Census; Rehab Group, 1979; Schechter, 1977). Because of these factors, disabled women have disproportionately lower levels of disability coverage and insurance benefits (Greenblum, 1977), furthering their economic disadvantage.

Social Realities

Within, and not unrelated to the economic factors, disabled women are disadvantaged socially. While marriage may not be a preferred status for an increasing number of women, we include it as a customary measure of social options and position. Given this, disabled women are less likely than nondisabled women to be married, are likely to marry later and are more likely to be divorced (Franklin, 1977). Of those individuals who are married with partner absent, separated, divorced or widowed, more are disabled women than disabled men. Similarly, a greater percentage of female heads of household than male heads of household are disabled (Rehab Group, 1979). Evidence collected on problem drinkers documents this even more dramatically--90% of women alcoholics are left by their husbands; 10% of men alcoholics are left by their wives (New York City

BEST COPY AVAILABLE

BEST COPY AVAILABLE

Affiliate, National Council on Alcoholism, 1980). Anecdotes and statistics alike suggest that disabled women are more likely to be and/or to be left alone than are disabled men.

Other social factors, including sexual and reproductive relationships, differentially affect disabled women. While empirical data are largely unavailable, a growing grapevine and media coverage indicate that disabled women are often advised by professionals not to bear children, and are (within race and class groupings) more likely to be threatened by or victims of involuntary sterilization than nondisabled women (Committee for Abortion Rights and Against Sterilization Abuse, 1979). Reproductive freedom, child custody as well as domestic violence are particular concerns for these women who are traditionally overlooked when "optimal" social programs are formulated.

Because public opinion assumes disabled women to be inappropriate as mothers or sexual beings (International Rehabilitation Review, 1977), relevant information, counseling, technology and research findings are lacking. Safilios-Rothschild notes, for example, that because coronary research is almost exclusively conducted with men, women heart attack victims who are physicians about resumption of sexual activity are advised about male-derived standards, or left with no answers (International Rehabilitation Review, 1977). The social neglect of the sexual and reproductive roles of disabled women worsens the circumstances confronted by these women.

Psychological Realities

Disabled women, in self-perceptions and as perceived by others, are viewed more negatively than are disabled men. Disabled women report more negative self-images (Weinberg, 1976), are perceived in less favorable ways (cf. Miller, 1970) and are more likely to be a victim of hostility than are disabled men (Titley & Viney, 1969). Self-concept research finds that negative self-concept is less related to one's level of ability/disability than to one's gender (Weinberg, 1976). Self-perceptions of these women conform to the perceptions expressed by others (Mead, 1934), and may unfortunately be an accurate internalization of their opportunity structures.

Disabled women are not only more likely to internalize society's rejection, but they are also more likely than disabled men to identify as "disabled." The disabled male possesses a relatively positive self-image, and is likely to identify as "male" rather than as "disabled." The disabled woman appears more likely to introject society's rejection, and to identify as "disabled" (Dailey, 1979; Meissner, Thoreson & Butler, 1967; Weinberg, 1976). In research conducted by Mauer disabled females were more likely than disabled males to identify with a disabled storybook character; the disabled males were more likely to identify with the able-bodied character (1979). Disabled men may have a choice between a role of advantage (male) and a role of disadvantage (disability). Their decision is frequently a strategic identification with males.

The combination of forces of a hostile economy, a discriminatory society and negative self-image possessed by disabled women contributes to a systemic rolelessness imposed on disabled women.

Perspectives and Responses

Prior to the passage of the Rehabilitation Act of 1973, the public probably thought of the disabled population as limited to obvious examples such as the deaf, the blind, the orthopedically impaired, and the mentally retarded. The federal government has defined disability properly to include persons who have or who are regarded as having a limitation or interference with daily life activities such as hearing, speaking, seeing, walking, moving, thinking, breathing, and learning (Federal Register, Vol. 37, May 28, 1974; Federal Registers, Vol. 41, No. 75, April 16, 1976). The disabled population entitled to rehabilitation services and to protection against discrimination in employment and education now includes persons with invisible impairments such as those with arthritis, diabetes, epilepsy, heart and respiratory problems, cancer, developmental disabilities such as mental retardation, psychiatric disorders, or facial disfigurement or obesity. The population is diverse in the kinds and amounts of problems with daily life activities. Some persons such as those who are disfigured or obese, may have no actual limitations, but are regarded as having them. Others, by employing a range of alternative techniques, carry on in all manners of daily life activities in spite of the inability to walk, speak, see or hear. The very methods of defining disability confuse problems intrinsic to the health condition with those imposed by attitudinal, institutional, environmental, and legal barriers of society.

For the purposes of this paper, we are considering the situation of that disabled girl or young woman who becomes disabled with a severe impairment of vision, hearing, mobility, or body structure (such as loss or deformity of an arm or leg) before defining herself vocationally or socially. We recognize that this represents only a portion of the total population, but we suggest that examining their situation best illustrates the difficulties of all disabled women.

Stereotypes and Roles

... the satisfied fervour of one who has at last pinned a label on a rare specimen: "She is, of course, one of your typical English spinsters. . . I suppose she has given up?" "Given up what?" I asked.

Doris Lessing, "Our Friend Judith," 1958.

A social role involves those behaviors in which an individual in a particular situation engages, based on the normative demands and/or the expectations of others (Merton, 1968; Goffman, 1973). A role set is that configuration of social relations in which an individual is involved because of his/her social position(s), e.g., daughter, wife, manager, therapist (Merton, 1967). From this constellation, people move in and out of roles. Roles are, for the most part, situationally determined.

Stereotypes, on the other hand, are those behaviors expected from an individual by virtue of a stable characteristic (e.g., disabled women) (Sennett, 1977). People are often perceived as a function of a single, salient characteristic and a composite of characteristics are stereotypically attributed to that individual. Stereotypes help perceivers order the world and prepare for predictable interactions (Goffman, 1973).

but they can be both narrow, and often inaccurate.

Roles shift with situations, stereotypes persist across situations. Stereotypes function to constrain the number and diversity of roles which women can appropriately fill. While this is changing for women in general (Locksley, Borgida, Brekke & Hepburn, 1980), disabled women still are viewed primarily through rigid constraining stereotypes (cf. Anderson, Lepper & Ross, 1980).

Caricatured profiles of women and of the disabled do reflect some economic, social and psychological realities. But they also perpetuate and justify often the most unfair aspects of these realities (Kanter, 1977). To illustrate the tautology of stereotypes, consider the presumption that "A disabled woman needs a man to take care of her; if she can find one" (Governor's Conference on Families: Session on Disabled Women, 1980). While a disabled woman may choose to enter a relationship with a man, the extent to which she needs to may result only from the fact that a woman's social and economic status still derives largely from her relationship with a man. Disabled women, at considerable economic and social disadvantage, may need a male provider to compensate for social and economic inequities. Disabled women generally receive inadequate training for personal and professional self-sufficiency and suffer the brunt of labor force discrimination. As a class, disabled women are consequently less able to earn living wages. Tautologically, these women may need a man largely because the stereotypes justify and self-fulfill an unfair reality (Merton, 1968).

While men and women, disabled and not, fall prey to many stereotypes, disabled men and disabled women have varying access to distinct social roles. Disabled men may perceive a choice between two relatively incongruous roles--being male and being disabled. Disabled women may perceive a choice between two more congruous roles--being female and being disabled. To be male in our society is to be strong, assertive, and independent; to be female is to be weak, passive, and dependent (Broverman et al., 1972; La France & Mayo, 1979), the latter conforming to the social stereotype of the disabled (Schroedel, 1978). From both categories the disabled woman inherits ascriptions of weakness and passivity (Baker & Reitz, 1978).

Through the 1970s and 1980s, however, men and women have begun to reject traditional rigid notions about sex-appropriate roles. If men were to be wage earners and women homemakers/mothers (Komarovsky, 1946; O'Leary, 1977), today each is exploring alternatives. While sex-role ambiguity continues to complicate (if liberate) the lives of the nondisabled (cf. Horner, 1972), the disabled woman is still not viewed as able to fulfill either role--that of wage-earner or that of homemaker.

Disability: A Predominant Characteristic

Being disabled is a characteristic sufficient to stereotype an individual. Disabled men and women are viewed, and often come to view themselves, as primarily disabled. Societal perceptions of disabled persons tend to be influenced entirely by the disability. Whether born disabled or having become disabled, the nondisabled world insists that disability is the predominant characteristic by which a person is labeled.

To illustrate this point, let us examine how national statistics on the prevalence of disability have been gathered. Organizations such as the National Center for Health Statistics, in order to estimate the numbers of disabled persons, ask people about their "limitations" in addition to their health conditions. In order to distinguish a "disorder," which would be a physiological/psychological deviation from the "norm," an "impairment" which involves limitation of individuals to perform specific tasks, and a "handicap" which involves limited social functioning of an individual, distinct questions need to be asked (cf. Peterson, Lowman & Kirchner, 1978). Often questions are phrased in such a way that health status is linked to limitations in kinds or amounts of work or activities to be performed, rather than simply asking if there are health problems. Many severely disabled persons who, because of quadriplegia, deafness or blindness, require attendants, interpreters, readers and/or other technological and social resources to function successfully, refuse to answer the questions with a "yes" to anything that would categorize them as "3" or "4," in spite of the obvious necessity for assistance to overcome what could otherwise be physical limitations. Furthermore, those respondents who do answer "yes" may be accurately reflecting discrimination they have encountered, fears they may have in seeking employment, or the realistic inaccessibility of transit systems, office buildings and housing. The problem in short remains--that when a "disorder" is recognized, a "handicap" is assumed.

The label of disability carries with it such a powerful imputation of inability to perform any adult social function that there is no other descriptor needed by the public (Gliedman & Roth, 1980; Lukoff, 1960). The exception to our assertion that disabled people are viewed myopically is the successful disabled person. He or she is not considered an exception but rather is remembered for performing some function well, and not for doing that while disabled. Gliedman and Roth contrast the legacies of Beethoven, Milton, FDR and Julius Caesar (all disabled, by the way, in midlife and post-success) with the ways in which black successes are conceptualized. The black success is viewed as both successful and black, reminding minority and majority persons that there are exceptions to the generally devalued status of the black person in the U.S.

One might take issue with Gliedman and Roth's notion that the blackness of Paul Robeson or James Baldwin enhances the public view of blacks. Nevertheless, the crucial point is that the disabled person, as conceived by the nondisabled world, carries no abilities for social functions. Those who do perform successfully are no longer viewed as disabled.

Writings by disabled women themselves bear out the dominance of disability in their own self-definitions. A black disabled woman writes, "Of the three minorities of which I am a member, the handicap has dominated my life" (O'Toole & Weeks, 1978). In the absence of data, we speculate that the reason for this statement stems from the dominance that this characteristic assumed in her family--a dominance assumed to be present in the family of every disabled child who grows up with nondisabled parents imbued with a profound fear of disability (Featherstone, 1980).

Rolelessness: The Outcome

Rolelessness, the absence of sanctioned social roles and/or institutional means to achieve these roles, characterizes the circumstances of disabled women in today's society (Merton, 1967). While it may sound like a blessing to have no socially prescribed roles to reject, in actuality to have no roles to aspire toward, internalize or reject is likely to be costly. The absence of sanctioned roles can cultivate a psychological sense of invisibility (O'Toole & Weeks, 1978); self-estrangement, and/or powerlessness (Blauner, 1964).

With roles to adopt, or reject, and without role models to emulate or deviate from, disabled girls grow up feeling not just different but inferior. While we recognize that role models alone would not solve the problem, the absence of role models and sanctioned roles may introduce feelings of worthlessness which complicate disability. For example, a study of disabled adults indicates that a full 20% of the respondents volunteered the fact that they make social comparisons to no one. They have no basis on which to appraise their own abilities or achievements (Strauss, 1968). Disabled girls may find themselves unable to estimate their actual abilities or speculate on what are realistic aspirations. Nondisabled parents, siblings and teachers discourage these girls from using nondisabled role models because they, as much as the rest of society, believe the disability is the most salient and defining characteristic for that child.

At the intersection of two socially devalued roles, it is no surprise that disabled women subscribe to more traditional notions of femininity than do nondisabled women (Cook & Rossett, 1975). Why this is true is left to speculation. It may be difficult to reject a role which you have never had. The "costs" of sexist remarks, unpleasant harassment, and sexual objectification may be less apparent to disabled women who have been more the victims of social (e.g., male) neglect. One woman, disabled from birth and a feminist, commented at the Governor's Conference on the Families (1980), "Though I'd probably hate it, I don't know what it's like to be whistled at on the street." To be denied the opportunity to fulfill the social role prescribed for women may make the role more appealing (or less unappealing) to disabled women (Brehm, 1966). To be perceived as attractive, nurturant and supportive by men, the women must overcome what is routinely neglect and/or hostility from nondisabled men (Titley & Viney, 1969). These men express more negative stereotypes of disability, have less contact with disabled individuals and are more likely to exhibit hostility to disabled individuals than are nondisabled women (Gottlieb & Corman, 1975; Higgs, 1975; Titley & Viney, 1979; Smith & McCulloch, 1978). Such dynamics frustrate heterosexual disabled women in attempts to fulfill the traditional "feminine" role.

Contrary to women's perceptions of what men want in an "ideal mate," men report that their "ideal mate" would be assertive and independent (Steinmann & Fox, 1974). This may explain the documented hostility of nondisabled men toward disabled women (Titley & Viney, 1969) whom they might view as hyperdependent. Clearly, this dynamic is an important area for future research.

Rolelessness may induce high dependence on external forces for self-definition. Rival theories about sex role development, formulated by Bandura and Kohlberg, offer perspectives on the ways in which little girls come to identify "female." Bandura (1969) suggests that children imitate like role models so that girl children pattern themselves after their mothers and other adult women. Kohlberg (1966) offers a more cognitive classification system in which children learn "I am a girl" and then adopt appropriate attitudes and behaviors. Because disabled girls are viewed first as disabled, their parents may not know what sex role notions to prescribe, and they may not know which to adopt. If this formulation of the situation is correct, disabled girls may internalize expectations established for girls through the media, television, teachers, school books, etc. (Gillespie & Fink, 1974) and fall prey to a set of influences that devalued female roles. In the absence of countervailing forces--such as supportive parents, teachers or significant others--disabled women may be more likely than nondisabled women to assimilate traditional notions of their "place" in society (Conk & Rossett, 1975). With whom disabled girls identify raises another significant area of research.

The absence of social roles for disabled women is a handicapping condition. It is a condition which is likely to limit career and personal options, hinder full development and obstruct free choices. The labor market, family attitudes and sexism in schools reinforce these limitations. We have argued that for men and women with disabilities, disability stereotypes and the "disability" role dominate their lives. Yet, we are presented with the interesting fact that for men, disabled and nondisabled, their self-concept is reported to be better than that of women, disabled and nondisabled (Weinberg, 1976). The male sex role is more valued than the female sex role in America (McKee & Sherifs, 1957). In this light, one may not be surprised by this finding. However, the fact that disabled men have better self-image than nondisabled women is puzzling (Weinberg, 1976). If we can believe this finding, we propose that disabled men, if they figure out how to adopt the male characteristics of assertiveness, independence and pro-activity, can get an "edge on the disability that is unavailable to disabled women. By refining their adeptness at the "male" role they can escape some of what the "disability" role imposes. Such an escape hatch is unavailable to disabled women. Perfecting their sex role only reinforces the stereotypic disability role.

Disabled men have mentioned another strategy by which the escape some of the traditional role-baggage associated with being disabled. In a study of successful disabled scientists, respondents were asked to indicate effective coping strategies. Noted frequently by the male respondents was "my wife" (Redden, personal communication, 1978). These men commented that their wives helped them manage, instrumentally and with support, in their personal and professional endeavors. Disabled women, as we well know, have no wives. Nondisabled women have, for years, expressed the need for a "wife" (Syfers, 1973). Because women's success in the past has been defined primarily as deriving from marital rather than occupational status, many women have come to view themselves successful if chosen by men. Disabled women, as we have noted, are less likely to have this "privilege." They are therefore less likely to be socially defined as having and filling the "women's role," and less likely to personally feel successful. The fact that disabled women are more likely to be without a spouse at all

8

limits, relatively, the extent of personal and professional support they can expect.

A Critical Review

In this paper we have taken the position that disabled women suffer economically, socially and psychologically more than their disabled male and nondisabled female counterparts. While we acknowledge that disability is costly in fact, and in discrimination, for men and women, we argue that the latter bear the brunt of double discrimination.

It is important, however, for the reader to be cautious of such assertions. It is far too easy to pity the disabled woman-as-victim, and to feed the helpless stereotype we have just critiqued. We would like to, therefore, qualify our perspective with a reminder that we do view disabled women as victims of economic, social and psychological forces but that we see disabled women as neither helpless nor hopeless victims unwilling to change their circumstances. Many disabled women are in fact emerging as traditional successes in professional and personal endeavors. Others are even making untraditional choices, breaking out of the confines of their gender-specific and their disability-specific constraints. But, there is, again, a catch when disabled women challenge long-adhered-to stereotypes.

More and more, across the last fifteen years, nondisabled women have challenged options available (and unavailable) to women, and created new ones. For single motherhood, professionalism or nontraditional career or lifestyle choices, many women can justify to themselves and to the world that they have made a choice (recognizing, of course, economic and social constraints). To justify a nontraditional choice is less possible for disabled women. The disabled woman who chooses to be a lesbian, opts to be a successful professional, or assumes an assertive, independent lifestyle may be viewed as having made these decisions of necessity rather than of choice. Again, the predominant characteristic looms large. In this perspective, the disabled woman is perceived as a disability-determined entity: lifestyles, sexual preference and personal decisions are viewed as consequences of the disability rather than choices.

While economic and social conditions do impede choices available to all women, and many disabled women are placed in circumstances which they would not choose, to perceive all decisions of disabled women as disability-determined is a dangerous presumption. If disabled women subscribe to the notion of limited potential choices, if they accept the consequences of discrimination and view their outcomes as independent of their actions, a sense of helplessness may evolve (Seligman, 1975). The woman who sees herself as a hopeless victim may be oblivious to the potential for collective options that could be developed, and to the injustice around her (Fine, M., 1979). While the unjust economic and social realities need to be confronted, the extent to which they have been, or will continue to be entirely limiting needs to be questioned.

In light of these social psychological observations, a rapidly changing legislative policy toward the disabled, the long-awaited incorporation of disabled women into the women's movement, and the more general

visibility of disabled women, a number of implications are indicated (cf. Title V, Rehabilitation Act of 1973: P.L. 94-142 Education of All Handicapped Children).

Implications

The theoretical focus of this paper has been on the rolelessness imposed upon disabled women. The data we have presented are derived from census materials and literature reviews. Integration of these materials allows us the opportunity to glance at what the "facts" say--slim as they are--and to identify the implications of these concerns. We are aware that many of the implications to be noted are appropriate to disabled men as well as disabled women, given the predominance of disability in our society. Some of the concerns are specific to women, however, and others have more difficult impact on women. These receive particular attention below.

Economic Implications

In recent years there have been legislative mandates to hire the disabled, to create accessible structures and to provide adequate benefits to disabled individuals. While legislative and judicial activity is critical, these accomplishments alone are insufficient to improve substantially the living standards of the disabled population. A complementary way to affect change, economically, is through grass roots political activity. In this arena the potential for change is enormous.

Disabled women are coming out: they are beginning to examine their issues publicly, forcing other groups to address their issues politically, and are organizing (Kitsousa, 1980). This journal volume stands as evidence of a long-closeted private trouble becoming a public issue. The most apparent aspect of this public emergence is within the women's movement and within the disability movement. Ironically it is within these movements that the distinct role (and rolelessness) of the disabled woman is most clear. Although there certainly are prominent exceptions, most disabled activist women would agree that males obtain most of the leadership positions within groups of disabled persons. Disabled women activists have voiced the view that at meetings with disabled males they are expected to carry out traditional female roles of taking minutes or serving food and are expected to let the men dominate and act as spokespersons (Women's Caucus of the White House Conference of Handicapped Individuals, personal communications). Others note the reluctance with which the women's movement has incorporated a disability perspective. Both movements have been conservative in recognizing or in advocating for the issues unique to disabled women.

For disabled women to organize as a political unit, they must achieve both differentiation and integration (Katz & Katz, 1978). As a political strategy, the women need to differentiate their issues, needs, demands and rights as distinct from those of disabled men and nondisabled women. As well, to mobilize resources effectively and to broaden their social roles, it is politically advantageous for disabled women to integrate with other political groups--women, ethnic minorities, labor, etc. To encourage economic changes, disabled women must come to view their circumstances as

politically and economically influenced. They must then educate others about the economic roots of the conditions faced by most disabled women, while they align with other political groups struggling with similar issues.

Social Implications

The social area of implications involves working with individuals who interact with and are influential in channeling the lives of disabled children and adults. Services for parents are of the utmost importance: information guides, counseling or self-help groups may be critical to the healthy development of disabled children and the healthy development of a society which integrates rather than isolates its disabled members (Featherstone, 1980). Child advocates can help parents interact forcefully and efficiently with relevant institutions (Brown, 1979).

Training for teachers is also critical. With the implementation of mainstreaming, many teachers work with children with special needs and are under-equipped to respond effectively. In the absence of appropriate information, the teachers may overprotect, neglect and/or transmit negative messages to the disabled child. Vocational rehabilitation counselors and employers also need to understand that disability and gender do not necessarily interfere with work performance.

As well, the child custody, reproductive freedom and domestic violence movements need to encompass the concerns of disabled women. For example, battered women shelters which are not accessible to the disabled, or are not advertised as accessible can do a disservice to those disabled women who suffer abuse from husbands or lovers they may think they can't leave. While we argue that disabled women need to reach out to many political movements, this linking needs to be reciprocal.

Psychological Implications

Many of the psychological issues which trouble disabled women can be abetted by parents, teachers and employers who are supportive and encouraging of these young women. Nonetheless, other problems are likely to persist. Most important, the socio-genesis of these problems needs to be understood by the disabled women (and men) and by mental health practitioners who work with disabled individuals. Living in an unsupportive social environment, often without a job, can be psychologically unhealthy. Poor self-image, a sense of rejection or awkwardness is a reasonable response to such social treatment, or rolelessness.

To provide support to disabled women, therapeutic and/or support groups could be organized so that the women do not--as women tend to do--internalize their problems and identify them as individual rather than social. These groups can provide information as well as support. Similarly, involving disabled women in heterogeneous women's groups is important. While it is tempting to organize disabled women's groups, and disabled mothers' groups, etc., it is dangerous to over-identify the disabled aspects of these women and ignore the rest of them.

Research

It has been presumed that while the disability role dominates identity, disabled men have access to many of the role models and resources available to men, while even the unique place preserved for women, in today's society --that of wife-mother-sexual being--is withheld from disabled women. Accordingly, these women suffer what we have considered rolelessness and we suggest that attitudes and behaviors of parents, teachers, employers, potential social partners and the disabled women themselves contribute to the situation. Below are eight categories of research appropriate for examining the extent and impact of rolelessness among disabled women.

1. Who are the role models identified by disabled girls (vs. disabled boys)? To whom do they self-compare; to whom do they aspire? To what extent do these girls (relative to disabled boys and nondisabled girls) perceive limited opportunities to fulfill personal and/or professional aspirations?
2. To what extent do parents contribute to differing aspirations, opportunities and role models for disabled boys and girls? How do the parents of boys vs. girls envision their children's futures? How do they prepare the children for these futures?
3. What balance of self-identification with women, with disabled others, and/or with disabled women is appropriate for a disabled girl/young woman to develop a self-image which incorporates, but does not deny nor is dominated by, the disability?
4. How do personal and professional aspirations of disabled girls evolve over the years? At what point (if any) do they begin to conform to stereotypic expectations? What paths are pursued? What are the barriers--internal and external--to realizing the original aspirations?
5. How do school teachers, rehabilitation counselors and educational materials deal with disability for girls and boys? To what extent do schools offer sex education that considers the disabled? How is mainstreaming perceived by the children, the teachers and the parents?
6. To what cause do disabled women (vs. men) attribute personal difficulties? Are disabled women more likely than disabled men to attribute personal or professional difficulties to self, rather than to other external factors? To what extent do mental health practitioners, counselors, employers, etc. collude in this self-blame rather than understand the social circumstances which create Catch 22s for disabled women?
7. Under what conditions is it possible for some disabled women to put disability back into their lives and affirm themselves as people who have rights, while disabled, to first-class citizenship? What permits some people to be successful without denying, hiding, or escaping from their disabilities?

8. To what extent does rolelessness characterize the situation of the woman who becomes disabled during adulthood? Is rolelessness mediated by marital status, work force level or participation or status as parent?

Research on the physical impact of disability on women (e.g., Safilios-Rothschild's comment about the female heart attack victim) and the social psychological impact needs to be conducted if disabled women are able to develop heterogeneous and socially valued self-images.

Conclusions

In this paper we argue that the position of the disabled woman is inextricably linked with the position of disabled people and the position of women, disabled and nondisabled. The devalued roles of women and disabled persons create the rolelessness experienced by disabled women in the United States. The disabled woman confronts the sexism experienced by most women, but is deprived even of the fragile pedestal on which non-disabled women are often placed.

REFERENCES

- Anderson, C., Lepper, H. & Ross, L. Perseverance of social theories: The role of explanation in the persistence of discredited information. Journal of Personality and Social Psychology, 1980, 39(6), 1037-1050.
- Baker, L. & Reitz, H. Altruism toward the blind: Effects of sex of helper and dependence of victim. Journal of Social Psychology, 1978, 104(1), 19-28.
- Bandura, A. Social learning theory and identification processes. In D. Goslin (Ed.), Handbook of socialization theory and research. Chicago: Rand McNally, 1969, pp. 213-262.
- Bem, S. Sex role adaptability: One consequence of psychological androgyny. Journal of Personality and Social Psychology, 1975, 31, 634-643.
- Blauner, R. Alienation and freedom. Chicago: University of Chicago Press, 1964.
- Brehm, J. A theory of psychological reactance. New York: Academic Press, 1966.
- Broverman, I., Vogel, S. Broverman, D., Clarkson, F. & Rosenkrantz, S. Sex-role stereotypes: A current appraisal. Journal of Social Issues, 1972, 28, 59-78.
- Brown, S. Assuring due process in special educational placement and the roles of child and youth service professionals. Child and Youth Services, 1979, 2(4), 1, 3-11.

- Committee for Abortion Rights and Against Sterilization Abuse. Women under attack: Abortion, sterilization abuse and reproductive freedom. New York, 1979.
- Cook, L. & Rossett, A. The sex role attitudes of deaf adolescent women and their implications for vocational choice. American Annals of the Deaf, 1975, 120(3), 341-345.
- Dailey, A. Physically handicapped women. Counseling Psychologist, 1979, 8(1), 41-42.
- Dodd, J. Overcoming occupational stereotypes related to sex and deafness. American Annals of the Deaf, 1977, 122(5), 489-491.
- Featherstone, H. A difference in the family. New York: Basic Books, 1980.
- Fine, J. Advice to parents from a disabled child. American Rehabilitation, May-June 1980, 5(5), 24-25.
- Fine, M. Options to injustice: Seeing other lights. Representative Research in Social Psychology, 1979, 10, 61-76.
- Franklin, P. Impact of disability on the family structure. Social Security Bulletin, 1977, 40(5), 3-18.
- Gillespie, P. & Fink, A. The influence of sexism on the education of handicapped children. Exceptional Children, 1974 (November), pp. 155-162.
- Gliedman, J. & Roth, D. The unexpected minority. New York: Harcourt, Brace and Jovanovich, 1980.
- Glover, R., Greenfield, P., King, A. & Norvel, P. Stepping up: Placing minority women into managerial and professional jobs. Salt Lake City, Utah: Olympus Publishing Company, 1979.
- Goffman, E. Stigma: Notes on the management of spoiled identity. Englewood Cliffs, N.J.: Prentice-Hall Inc., 1963.
- Goffman, E. The presentation of self in everyday life. Woodstock, N.Y.: Overlook Press, 1973.
- Gottlieb, J. & Corman, L. Public attitudes toward mentally retarded children. American Journal of Mental Deficiency, 1975, 80(1), 72-80.
- Greenblum, J. Effect of vocational rehabilitation on employment and earnings of the disabled: State variations. Social Security Bulletin, 1977, 40(12), 3-16.
- Harrison, A. Black women. In V. O'Leary (Ed.), Toward understanding women. Monterey, Calif.: Brooks/Cole Publishing, 1977.
- Higgs, A. Attitude formation--contact or information. Exceptional Children, 1975, 41(4), 496-497.

- Horner, M. Toward an understanding of achievement-related conflicts in women. Journal of Social Issues, 1972, 28(2), 157-176.
- Hyman, H., Stokes, J. & Strauss, M. Occupational aspirations among the totally blind. Social Forces, 1973, 51(4), 403-416.
- "International Rehabilitation Review," February 1977.
- Kanter, R. Men and women of the corporation. New York: Basic Books, 1977.
- Katz, D. & Kahn, R. The social psychology of organizations. Second edition. New York: John Wiley & Sons, 1978.
- Kitsousa, J. Coming out all over. Social Problems, 1980, 28, 1-11.
- Kohlberg, L. A cognitive developmental analysis of children's sex role concepts and attitudes. In E. Maccoby (Ed.), The development of sex differences. Stanford, Calif.: Stanford University Press, 1966.
- Komarovsky, M. Cultural contradictions and sex roles. American Journal of Sociology, 1946, 52(3), 184-189.
- La France, M. & Mayo, C. A review of nonverbal behaviors of women and men. Western Journal of Speech Communication, 1979, 43, 96-107.
- Locksley, A., Borgida, E., Brekke, N. & Hepburn, C. Sex stereotypes and social judgment. Journal of Personality and Social Psychology, 1980, 39(5), 821-831.
- Lukoff, J. A sociological appraisal of blindness. In S. Finestone (Ed.), Social casework and blindness. New York: American Foundation for the Blinds, 1960.
- Mauer, R. Young children's response to a physically disabled storybook hero. Exceptional Children, 1979, 45(5), 326-330.
- McKee, J. & Sheriffs, A.C. The differential evaluation of males and females. Journal of Personality, 1957, 25, 356-371.
- Mead, G. Mind, self and society. Chicago: University of Chicago Press, 1934.
- Medvene, L. & Akabas, S. The job hunt of the disabled: An exploratory study. New York: Industrial Social Welfare Center, Columbia University School of Social Work, 1975.
- Meissner, A., Thoreson, R. & Butler, A. Relation of self-concept to impact and obviousness of disability among male and female adolescents. Perceptual and Motor Skills, 1967, 24(3), 1099-1105.
- Merton, R. On theoretical sociology. New York: Free Press, 1967.
- Merton, R. Social theory and social structure. Glencoe, Ill.: Free Press, 1968.
- Miller, A. Role of physical attractiveness in impression formation. Psychonomic Science, 1970, 19, 241-243.

- Myers, L. Black women: Selectivity among roles and reference groups in the maintenance of self-esteem. Journal of Social and Behavioral Sciences, 1975, 21(1), 39-47.
- National Council on Alcoholism. Facts on alcoholism and women. New York: Affiliate, 1980.
- O'Leary, V. Toward understanding women. Monterey, Calif.: Brooks/Cole Publishing, 1977.
- O'Toole, J. & Weeks, C. What happens after school? A study of disabled women and education. San Francisco: Women's Educational Equity Communications Network, 1978.
- Peterson, R., Lowman, C. & Kirchner, C. Visual handicap: Statistical data on a social process. Visual Impairment and Blindness, 1978 (December), pp. 419-421.
- President's Committee on Employment of the Handicapped. One in eleven. Washington, D.C.: U.S. Government Printing Office, 1970.
- Rehab Group. Digest of data on persons with disabilities. Falls Church, Va.: May 1979.
- Schechter, E. Employment and work adjustment of the disabled: 1972 survey of disabled and nondisabled adults. Social Security Bulletin, 1977, 40, 7, 3-15.
- Schroedel, J. Attitudes toward persons with disabilities. New York: Human Resources Center, 1978.
- Seligman, M. Helplessness. San Francisco: Freeman, 1975.
- Sennett, R. The psychology of society. New York: Vintage Books, 1977.
- Smith, N. & McCulloch, J. Measuring attitudes toward the physically disabled: Testing the attitude towards disabled persons scale on social work and non-social-work students. International Journal of Rehabilitation Research, 1978, 1(2), 187-197.
- Steinman, A. & Fox, D. The male dilemma. New York: Aronson, 1974.
- Strauss, H. Reference group and social comparison processes among the totally blind. In H. Hyman & E. Singer (Eds.), Readings in reference group theory and research. New York: Free Press, 1968, pp. 222-237.
- Styfers, J. Why I want a wife. In A. Koedt, E. Levine & A. Rapone (Eds.), Radical feminism. New York: Quadrangle, 1973, pp. 60-62.
- Titley, R. & Viney, W. Expression of aggression toward the physically handicapped. Perceptual and Motor Skills, 1969, 29(1), 51-5C.
- U.S. Department of Health, Education and Welfare. Current estimates from the Health interview survey: United States, 1977. Washington.

An updated version of this article appears in Mary Jo Deegan and Nancy Brooks, eds. Women and Disability The Double Handicap. Published by Transaction Books, Department 2510, Rutgers University, New Brunswick, New Jersey 08903, 1984.

Reprinted with permission of the publisher.

The Question of Disability: No Easy Answers For the Women's Movement

by Michelle Fine
CARASA, PRRO
Adrienne Asch
DIA-NFB

The women's movement, in general, and the reproductive rights movement, in particular, share an exploitative and embarrassing history vis-a-vis the politics of disability. While the disabled child (and adult) has long been a favorite "victim" for women's groups (feminist and not), the dialectics of reproductive rights for women and disability rights remain territory much in need of critical political analysis.

This article derives as much from our desire to provide a feminist vision of reproductive and disability rights as it does from our outrage at the extent to which the reproductive rights movement has exploited disability toward its own ends.

Examples abound. In the November 1981 issue of *off our backs*, Becky Thorne parodies a conversation between Nathanson and Hatch on "the joys of having a Mongoloid child" in an effort to argue for women's right to choose. Reproductive rights literature frequently cites bearing a "deformed fetus" as the unquestionably appropriate reason for a woman to abort. And even editorials in the *Reproductive Rights Newsletter* have asked, "Is it moral or consistent with their vision to force women to choose between sterilization . . . their jobs or homes, or defective children?" (Spring 1981)

These examples were not difficult to find. Unfortunately, they are familiar. Engaged in an endless, collective revision of CARASA's *Women Under Attack*, I (Michelle)



find myself amazed at the extent to which we, as feminists, have exploited the "disabled fetus" as an unquestionably appropriate illustration of why women must have access to funded, safe and legal abortion.

One can be pro-choice and vigorously oppose the New Right's infringements upon women without these unfortunate remarks. Parents of many disabled children are glad that their children were born — even with disabilities — and feel that there are joys to having raised such children. Many parents acknowledge that, had they known in advance that their children would be disabled, they would undoubtedly have aborted those children. Having gone through the process of bearing and raising them, they are not sorry they exist.

In 5 percent of the cases in which amniocentesis is performed, pregnancies are not carried to term. Undoubtedly, one of the reasons for this is the discovery of disabling

conditions — mental, physical or both — in the fetus. Women must retain their right to determine whether or not to continue a pregnancy for this or any other reason. But the women's movement and the reproductive rights movement must be responsible and advocate that abortions not be contemplated automatically and unquestionably because of disability in a child without urging that women learn about the potentials of and for the disabled, from disabled children and adults.

As a person with a disability from birth (Adrienne), I know that living with a disability in any society is problematic; in this society without the public material and service commitments, it is often painful, frustrating and degrading. Virtually all of the difficulty imposed by disability today stems from the cruelty, discrimination and ignorance of others and the neglect of disabled people by major economic and social institutions — not from the disability per se.

It is, of course, ironic that as Reagan and Schweiker mandate that hospitals do "everything they can to save infants born with disabling conditions," they systematically cut programs and reduce budgets for the education, vocational training, health and human services disabled individuals deserve.

As one might guess, disabled women bear the disproportionate economic, social and psychological burden of what it means to be disabled. Disabled women are more likely than disabled men to be unemployed. Between 65 percent and 76 percent of disabled women are unemployed and they earn substantially less than men. For vocationally rehabilitated men and women, the mean annual incomes

are \$4,188 and \$2,744, respectively. And a greater percentage of female heads of households than male heads of households are disabled.

These stark social and economic realities bear heavily on disabled women's self-images. Disabled women are significantly more likely to have negative self-perceptions and to be viewed negatively by the general public than are disabled men. The research and statistics which document disabled women's extensive oppression (as compared to non-disabled women and disabled men) are distressingly consistent.

But the disabled are organizing and fighting back collectively. The reproductive rights movement does not want to impede these efforts by portraying a one-sided view of having a disabled child. Women need to choose if and when to have children. We, as members of a political movement, should not be describing "appropriate" conditions for an abortion.

The political intersection of reproductive rights and disability rights involves a shared commit-

ment to women's control over their lives. This includes access to abortion for whatever reasons they deem appropriate. Before women can make informed choices, however, they need to have current and accurate information about the potentials of disabled children and adults. They need to hear from and talk with disabled people and understand the services needed and provided. Unless this dialogue is engaged, no "informed" choices can be made. Women and men otherwise are acting on the basis of myth, stereotype, misconception and terror. Gathering and disseminating this information should be considered imperative to a feminist reproductive rights agenda.

Like the reproductive rights movement, the disability movement demands that disabled people have rights to be productive, sexual and reproductive, to be granted public access to resources which enable full and meaningful lives. The question, then, is not "should women be forced to carry a defective fetus?" Women should not be forced to carry any fetus. Disability rights advocates argue for women

and men to determine their own lives, not to be saddled with the shackles of a society which ignores or paternalistically and inadequately "caters" to the disabled.

The politics of disability and reproductive rights share a tradition and a commitment to women's control over their bodies and access to resources to live full, sexual and meaningful lives. Men can not control women's bodies, and one's level of disability, conflated by social class, race and gender, can not be manipulated to deny disabled individuals control over their lives. These struggles are intertwined. Feminists can not alienate, much less exploit, the disabled for the aims of reproductive rights. One battle can not be won without the other.

**Special thanks to Aimee Frank for helping us gather relevant materials.*

The authors present their personal and political views and not those of their respective organizations. For more information on this subject, see the article by the authors in the Journal of Sociology and Social Welfare, July 1981.

Footnote: This article represents the thinking of Adrienne Asch and Michelle Fine on the relationship of disability rights and reproductive rights. Since this article was published, Asch and Fine have co-authored other pieces on the same topic. Readers interested in an in-depth feminist analysis of reproductive technology, disability rights, and the rights of disabled newborns, are referred to *Radical America*, Vol. 18, No. 5, 1984. In that piece, Asch and Fine explore the contradictions as well as the common perspectives of feminism and disability rights as they emerge in the case of Baby Jane Doe and the politics of amniocentesis.

A.A./M.F. 1984

Reprinted with permission.

Reproductive Rights Newsletter
The Newsletter of the Repro-
ductive Rights National Network
Vol. IV No. 3, Fall 1982.

ABOUT EDUCATIONAL EQUITY CONCEPTS, INC.

Educational Equity Concepts, Inc. is a national, nonprofit organization founded in 1982 to foster the development of children and adults through advancing educational excellence and equity. The organization creates educational programs and materials that are free of sex, race, and disability bias; offers training programs for parents, teachers, and students; and engages in a variety of public education activities.

Educational Equity Concepts' approach is "inclusive," making the connections between various factors that can limit individual growth and potential. One of our basic philosophical tenets is to "begin at the beginning." To this end, we are engaged in a variety of early childhood projects and have published *Including All of Us: An Early Childhood Curriculum About Disability*.

Educational Equity Concepts also is concerned with maximizing the opportunities of adults who have not had the chance to "begin early." In this area, we focus on programs to help women with disabilities and women of color achieve educational equity and develop their full potential. The Women and Disability Awareness Project and this manual are a result of that endeavor.